

Until the discovery of DECADRON* by MERCK SHARP & DOHME, when your diabetic patients were also in need of corticosteroid treatment, you were often faced with a difficult therapeutic dilemma. Diabetes mellitus was a recognized contraindication to the use of corticosteroids, since they not only aggravated the existing diabetic symptoms, but often precipitated latent diabetes.

NOW EVEN many diabetic patients may have THE FULL BENEFITS OF CORTICOSTEROID THERAPY

DECADRON—the new and most potent of all anti-inflammatory corticosteroids—is remarkable for its virtual absence of diabetogenic effect in therapeutic doses.



Decadron.*
DEXAMETHASONE

**to treat more patients
more effectively**

In clinical trials with some 1,500 patients glycosuria was noted in only two, transitory glycosuria in another two, and flattening of the glucose tolerance curve in one. There were no instances of aggravation of existing diabetes, no increase in insulin requirements. Patients whose diabetes was severely aggravated on prednisolone showed good tolerance when transferred to DECADRON.

MORE patients can be treated with DECADRON than with other corticosteroids, because in addition to being practically free of diabetogenic activity, therapy with DECADRON is also practically free of sodium retention, potassium depletion, hypertension, edema and psychic disturbances. Cushingoid effects are fewer and milder. DECADRON has not caused any new or "peculiar" reactions, and has produced neither euphoria nor depression, but helps restore a "natural" sense of well-being.

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DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

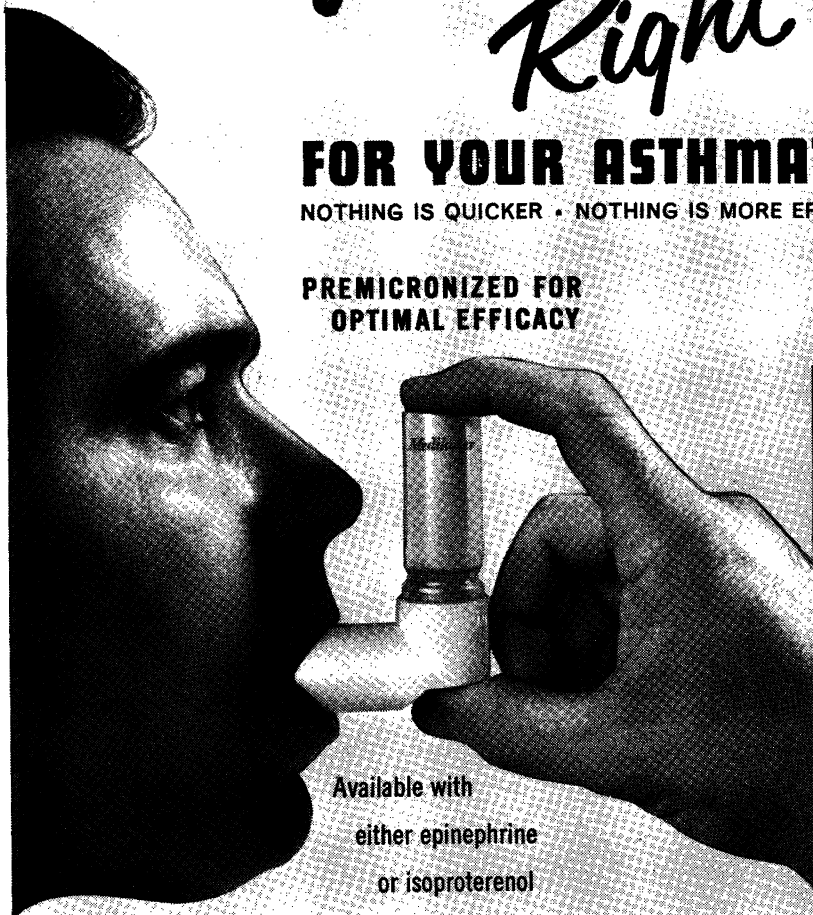
CONTRAINDICATIONS: Absolute contraindications include active, questionably healed, or suspected tuberculosis, and herpes simplex of the eye. Relative contraindications, in which DECADRON must be administered with caution, are acute or chronic infections, peptic ulcer, osteoporosis, fresh intestinal anastomoses, diverticulitis, thrombophlebitis, pregnancy, and psychotic tendencies.

22½% More
Vital Capacity
Right Now

FOR YOUR ASTHMATICS

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PREMICRONIZED FOR
OPTIMAL EFFICACY



Available with
either epinephrine
or isoproterenol

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Epinephrine bitartrate, 7.0 mg. per cc.,
suspended in inert, nontoxic aerosol vehicle.
Contains no alcohol. Each measured dose
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suspended in inert, nontoxic aerosol vehicle.
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For return to more normal, happier activity and improved behavior in the "Old Age Syndrome"—Niatric brings renewed interest and emotional relief from mild depression, confusion, and forgetfulness. Niatric improves circulation, helps to protect capillary integrity and to guard against the "little strokes" often found in your older patients suffering from symptoms of cerebral vascular insufficiency.

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AVERAGE DOSE: One tablet t.i.d.; or the dose may be increased to two tablets as directed by physician.

SUPPLY: Bottles of 100 and 500 tablets.

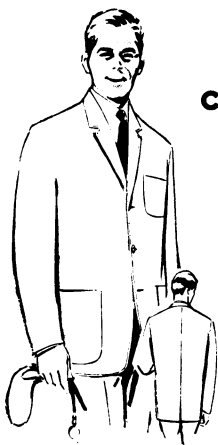


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at
last
immunity
to
poison ivy
and
poison oak

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alum-precipitated pyridine-ivy extract suspension in saline solution

During 14 years of extensive trial and use, Clinicians have reported:

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- References:**
1. Gaillard, G. E.: J. Allergy 21:55, 1950
 2. Gaillard, G. E.: New York J. Med. 56:14, 1956
 3. Passenger, R. E., Spain, W. C. and Strauss, M. B.: J. Allergy 27:409-423, 1956
 4. Neidorff, H. A.: Personal Communication
 5. Fontana, V. J.: GP 10:47, 1954
 6. Strauss, M. B. and Spain, W. C.: J. Allergy 17:1-10, 1946

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In listless and lethargic overweight patients—**DEXEDRINE* SPANSULE†**

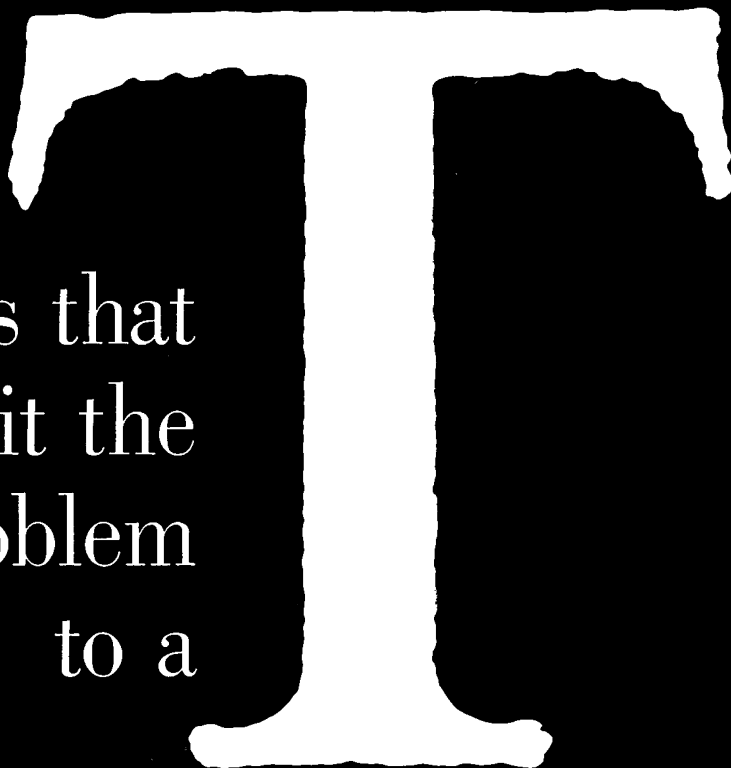
Each 'Dexedrine' *Spansule* sustained release capsule contains dextro-amphetamine sulfate, S.K.F., 5 mg., 10 mg., or 15 mg.



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non-narcotic
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acts directly on cough center

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1. Pace, W. G.: Mil. Med. 118:34, 1956.

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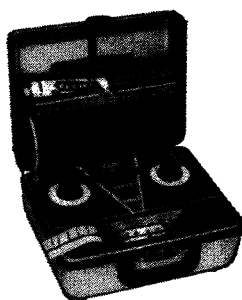
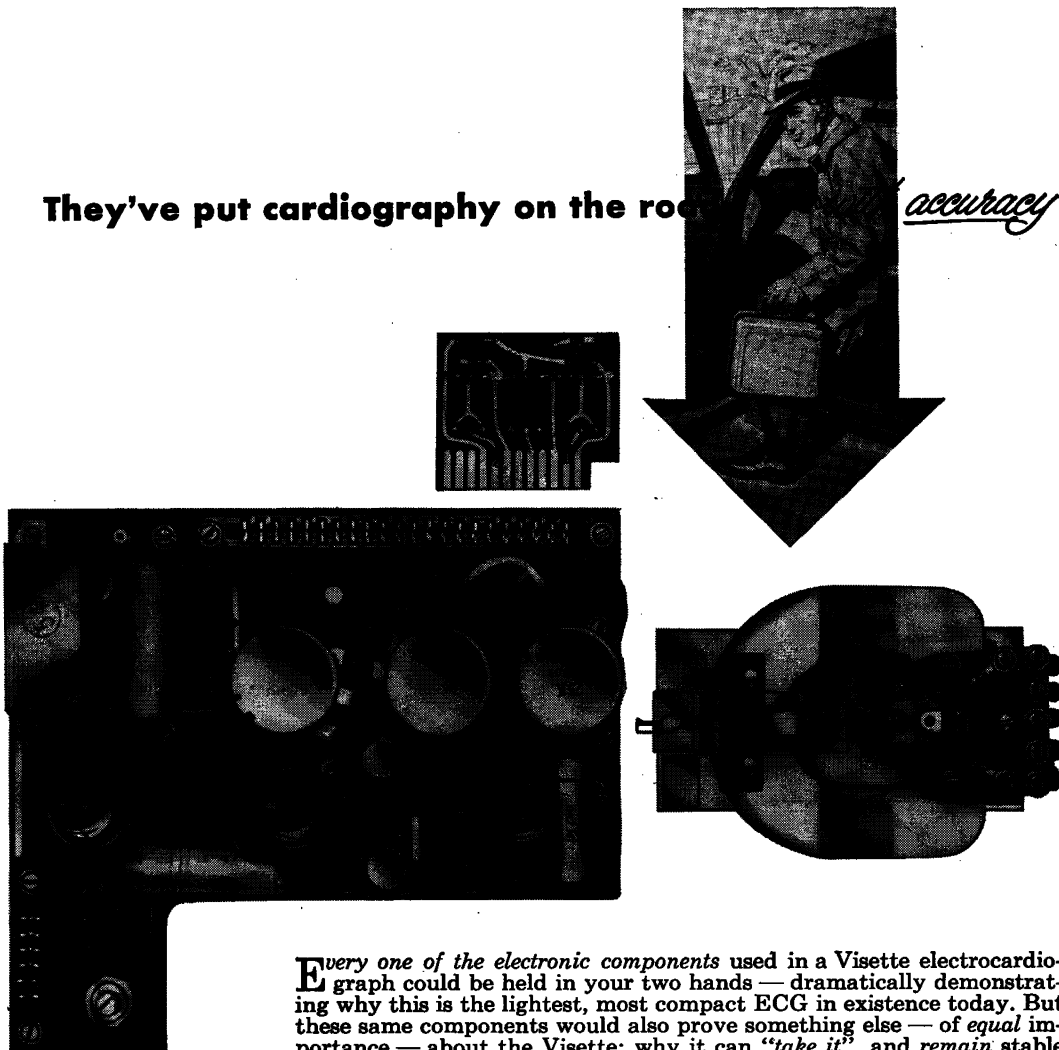


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\$825 delivered,
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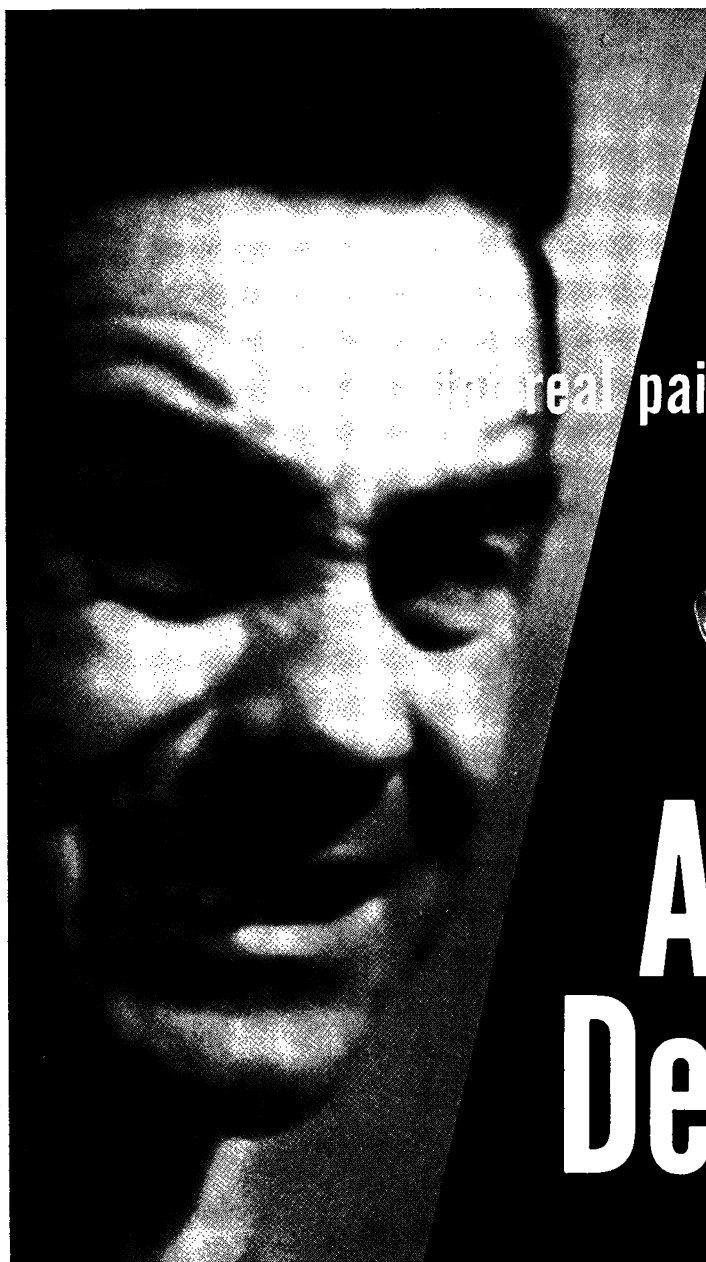
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than A.P.C. with
codeine**

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Aspirin.....	200 mg. (3 grains)
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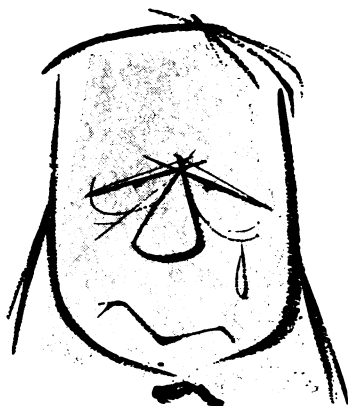
adult dose: 1 or 2 tablets repeated in three or
four hours as needed.

supplied: Bottles of 100 and 1000 tablets, scored.
Narcotic Blank Required.

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never dry...



they just
blow away!



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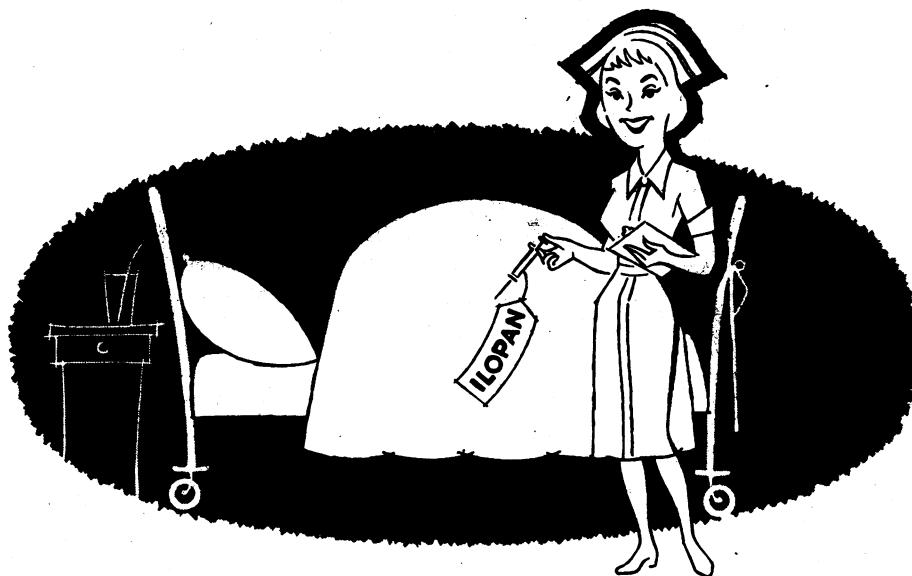
"Whattaya mean, 'bonus'?"

"Gave me the word about dandruff . . . and a prescription."



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 "morning
 sickness"
 the
 night
 before
 with
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 2 tabs. h.s.



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In 941 cases^{1,2} effective in all but 17. Two timed-release tablets at bedtime start to work in the early morning and reach maximum potency at normal waking hour. BENDECTIN then provides exceptional relief of nausea and vomiting by three distinct and complementary actions. 1. **Antispasmodic**—Bentyl 10 mg.—relaxes G-I smooth-muscle spasm; 2. **Antinauseant**—Decapryn 10 mg.—centrally effective . . . combats histamine-like metabolites often present in blood stream during pregnancy; 3. **Nutritional supplement**—pyridoxine 10 mg.—just the amount necessary to help control "morning sickness."

1. Nulsen, R. O.: Ohio State M. J. 53:665, 1957. 2. Personal communications, 1956-57.

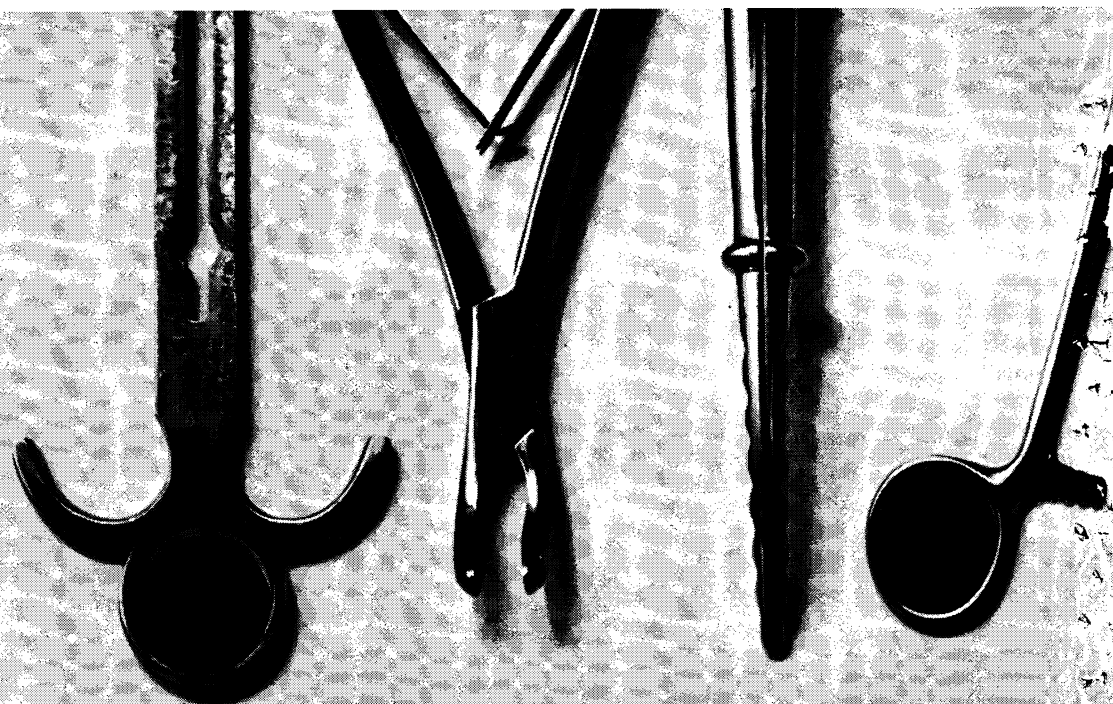
Formula: Each tablet contains:

Bentyl (dicyclomine) Hydrochloride 10 mg.
 Decapryn (doxylamine) Succinate . . . 10 mg.
 Pyridoxine Hydrochloride 10 mg.



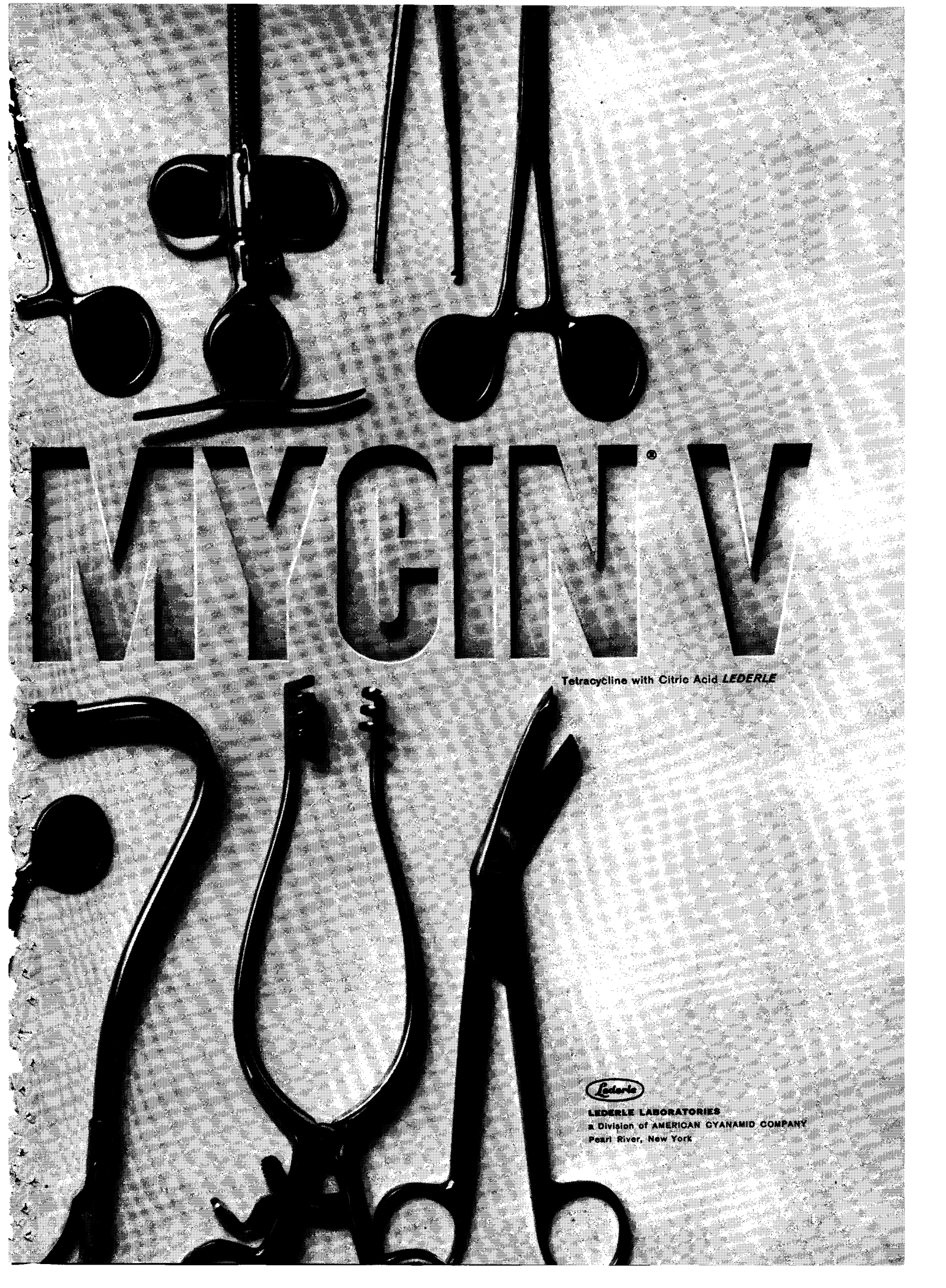
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INTERNIST, BOARD QUALIFIED. Desires group practice. Four years residency including year metabolic and endocrine teaching hospital. Veteran, married, 31, any area considered. Box 94,675, California Medicine.

INTERNIST, BOARD CERTIFIED, age 37, teaching and private-practice experience, California license, seeks association or position with group. Box 94,685, California Medicine.

FOR THE HIGHER CALIBER MEDICAL PERSONNEL—Our applicants are ALWAYS carefully screened for the specific qualifications you request. CALL YUKon 2-3412. THE MEDICAL CENTER AGENCY, Flood Building, Suite 412-414, 870 Market Street, San Francisco 2.

OB-GYN resident interested in association or group practice in California, will be board eligible July 1, 1959. Age 31, married, family, Protestant, military obligation fulfilled. Box 94,530, California Medicine.

OBSTETRICIAN-GYNECOLOGIST, 32, Board eligible, veteran, married, California licensed, desires location in California, preferably suburban area, or Bay area. Available July, 1959. Box 94,650, California Medicine.

OB-GYN, BOARD ELIGIBLE, 33 years old, single. Two years of associate practice in East. Desires to locate with a group or associate practice in or near metropolitan area. California license. Box 94,660, California Medicine.

BOARD ELIGIBLE OPHTHALMOLOGIST seeks "loose" partnership arrangement with another ophthalmologist in California-Arizona area. Available Summer 1959. Write F. M. Brunemeier, M.D., 836 East 56th Street, Chicago 37, Illinois.

PEDIATRICIAN, 30, married, three children, completing residency Children's Hospital, Los Angeles, June, 1959, desires association with pediatrician or group within 50-mile radius San Francisco Bay area. Will be attending CMA convention. John A. Knowles, M.D., 4596 Sunset Boulevard, Los Angeles 27, California.

(Continued In Back Advertising Section, Page 74)

1 Ladies and gentlemen: learn all about new VITERRA PEDIATRIC, a good supplement in a great new package.

2 First, see what happens when you push the metered plunger.

3 Aha! An exact 0.6 cc. comes out this spout. Never more, never less.

4 And notice — no drip, no waste, no sticky bottle.

5 On your right, see the Metered-Flow bottle's tight seal. No risk of contamination.

6 Let's take a minute to admire the formula.

7 That means no hot-weather loss of potency.

8 Now for a farewell treat, a taste of delicious, orange-y VITERRA PEDIATRIC. How will you have it — in fruit juice? On cereal? Straight from the spoon?

VITERRA PEDIATRIC

each 0.6 cc. contains:

Ingredient	Amount	Percentage
Vitamin C	5000 U.S.P. Units	83.3%
Vitamin D	1000 U.S.P. Units	250%
Vitamin E	1 mg.	16.7%
Vitamin K	1 mg.	11.1%
Vitamin B1	1 mcg.	11.1%
Vitamin B2	10 mcg.	200%
Vitamin B6	10 mcg.	200%
Vitamin A	2 mg.	11.1%

No hot-weather loss of potency.

Refrigeration needed.

VITERRA® PEDIATRIC

METERED-FLOW BOTTLE

ALLOW 30 SECONDS BETWEEN DISPENSINGS

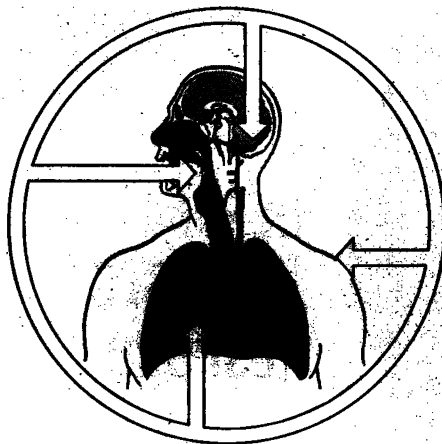
Special note to doctors who took this tour:

Problems of over- and under-dosage, spillage, spoilage or leakage disappear with VITERRA PEDIATRIC's new Metered-Flow bottle. Why not consider these advantages when you recommend a vitamin supplement?



New York 17, N. Y.
Division, Chas. Pfizer & Co., Inc.
Science for the world's well-being

Now—All cold symptoms can be controlled



Provides Triaminic for more complete and more effective relief from nasal and paranasal congestion because of systemic transport to *all* respiratory membranes—without drawbacks of topical therapy.[†]

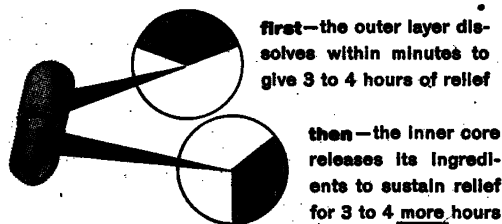
Provides well-tolerated APAP (N-acetyl-p-aminophenol) for prompt and effective analgesic and antipyretic action to make the patient more comfortable.

Provides Dormethan (brand of dextromethorphan HBr) for non-narcotic anti-tussive action on the cough reflex center in the medulla—as effective as codeine but without codeine's drawbacks.

Provides terpin hydrate, classic expectorant to thin inspissated mucus and help the patient clear the respiratory passages.

[†]Lhotka, F. M.: Illinois M. J. 112:259 (Dec.) 1957. Fabricant, N. D.: E. E. N. T. Monthly 57:460 (July) 1958. Farmer, D. F.: Clin. Med. 5:1185 (Sept.) 1958.

Special "timed release" design



Also available: Tussagesic Suspension (25 mg. Triaminic, 15 mg. Dormethan, 90 mg. terpin hydrate, 120 mg. APAP per 5 ml. tsp.)

Each TUSSAGESIC tablet provides:

TRIAMINIC® 50 mg.
(phenylpropanolamine HCl . . . 25 mg.
pheniramine maleate . . . 12.5 mg.
pyrilamine maleate . . . 12.5 mg.)

Dormethan
(brand of dextromethorphan HBr) 30 mg.
Terpin hydrate 180 mg.
APAP (N-acetyl-p-aminophenol) . . 325 mg.

Dosage: One tablet in the morning, midafternoon and in the evening, if needed.

Tussagesic^{*} *timed-release* tablets

*Contains TRIAMINIC to  running noses  and open stuffed noses orally

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska • Peterborough, Canada

in peptic ulcer



**REFRACTORY
CASES
RESPOND TO**

NEW

DARICON^{*} *tablets*

OXYPHENCYCLIMINE HYDROCHLORIDE

POTENT ANTICHOLINERGIC ACTION

curbs secretion when excessive
normalizes motility when overactive

*Activity appears to be restricted to the desired site of action.
Predictable therapeutic response in refractory cases.*

Potency and Prolonged Duration of Action
10 mg. b.i.d. Average Dose • Supplied as:
10 mg. white, scored tablets

References: 1. Finkelstein, Murray: Journal of
Pharmacology and Experimental Therapeutics, in
press. 2. Winkelstein, Asher: Paper in preparation.
*Trademark



Science for the world's well-being

PFIZER LABORATORIES

Division, Chas. Pfizer & Co., Inc.,
Brooklyn 6, N. Y.



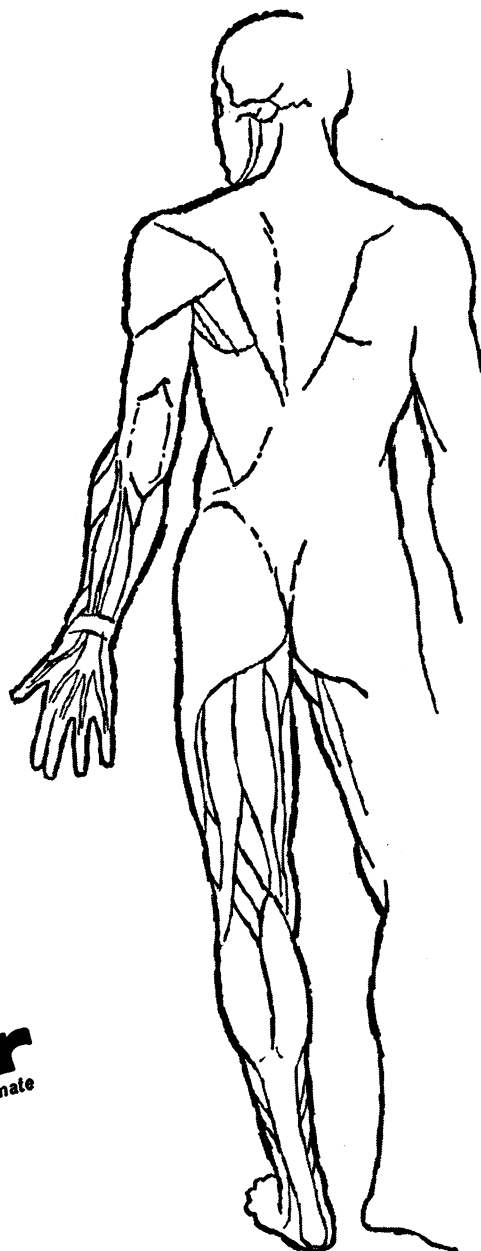
DISAPPOINTED with skeletal muscle relaxants that cause GI distress, drowsiness, and dizziness.....



Sinaxar

the new, different chemical structure—unlike any other skeletal muscle relaxant currently available—is

- a "pure" muscle relaxant, with specificity of action
- free of adverse physical or psychic side effects, for all practical purposes
- consistently effective in cases involving skeletal muscle spasm
- long acting; no fleeting effects



(STYRAMATE, ARMOUR)

Sinaxar
2-hydroxy 2-phenylethyl carbamate

Dosage: Two tablets 3 to 4 times daily. **Supplied:** 200 mg. tablets in bottles of 50.

ARMOUR PHARMACEUTICAL COMPANY • KANKAKEE, ILLINOIS / *a leader in biochemical research*

The
**HOUSE-CALL
ANTIBIOTIC**

- *Effectiveness demonstrated in more than 6,000,000 patients since original product introduction (1956)*
- *Extremely wide range of action is particularly reassuring when culture and sensitivity testing is impractical*

COSA

More than 90 clinical references attest to superiority and effectiveness of Cosa-Signemycin (Signemycin). Bibliography and professional information booklet available on request.

Pfizer *Science for the world's well-being*



SIGNEMYCIN[®]

GLUCOSAMINE-POTENTIATED TETRACYCLINE WITH TRIACETYLOLEANDOMYCIN
(Ea. mg. contains 0.667 mg. tetracycline and 0.333 mg. triacetyloleandomycin)

capsules • oral suspension • pediatric drops

PFIZER LABORATORIES

Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N. Y.

SUPPLY: *Capsules* (green and white), 250 mg. and 125 mg.

New Oral Suspension (raspberry-flavored), 2 oz. bottle, 125 mg. per teaspoonful (5 cc.)

New Pediatric Drops (raspberry-flavored), 10 cc. bottle, 5 mg. per drop, plastic calibrated dropper.

for depression

▲ Deprol[†]

*Clinically confirmed
in over 2,500
documented
case histories^{1,2}*

CONFIRMED EFFICACY

- Deprol* ► acts promptly to control depression
without stimulation
- restores natural sleep
 - reduces depressive rumination and crying

DOCUMENTED SAFETY

Deprol is unlike amine-oxidase inhibitors

- does not adversely affect blood pressure or sexual function
- causes no excessive elation
- produces no liver toxicity
- does not interfere with other drug therapies

Deprol is unlike central nervous stimulants

- does not cause insomnia
- produces no amphetamine-like jitteriness
- does not depress appetite
- has no depression-producing aftereffects
- can be used freely in hypertension and in unstable personalities

Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 3 tablets q.i.d.

Composition: Each tablet contains 400 mg. meprobamate and 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl).

Supplied: Bottles of 50 scored tablets.

1. Alexander, L.: Chemotherapy of depression—Use of meprobamate combined with benactyzine (2-diethylaminoethyl benzilate) hydrochloride. J.A.M.A. 166:1019, March 1, 1958. 2. Current personal communications; in the files of Wallace Laboratories.

†TRADE-MARK
CD-7469

Literature and samples on request  **WALLACE LABORATORIES, New Brunswick, N. J.**



in vaginitis

TRICOFURON[®]


IMPROVED

*destroys all **3** principal pathogens*

Whether vaginitis is caused by *Trichomonas*, *Monilia* or *Hemophilus vaginalis*—alone or combined—TRICOFURON IMPROVED swiftly relieves symptoms and malodor, and achieves a truly high percentage of cultural cures, frequently in 1 menstrual cycle. TRICOFURON IMPROVED provides: a *new* specific moniliacide MICOFUR[®] brand of nifuroxime, the *established* specific trichomonacide FUROXONE[®] brand of furazolidone and the *combined* actions of both against *Hemophilus vaginalis*.

1. Office insufflation once weekly of the Powder (MICOFUR [*anti*-5-nitro-2-furaldoxime] 0.5% and FUROXONE 0.1% in an acidic water-soluble powder base). **2.** Continued *home* use twice daily, with the Suppositories (MICOFUR 0.375% and FUROXONE 0.25% in a water-miscible base).



NITROFURANS—a *new* class of antimicrobials—neither antibiotics nor sulfonamides. 
EATON LABORATORIES, NORWICH, NEW YORK

A workhorse
"mycin"
for
common
infections



respiratory infections

**prompt,
high blood levels**

**consistently
reliable
and reproducible
blood levels**

**minimal
adverse reactions**

With well-tolerated **CYCLAMYCIN**, you will find it possible to control many common infections rapidly and to do so with remarkable freedom from untoward reactions. **CYCLAMYCIN** is indicated in numerous bacterial invasions of the respiratory system—lobar pneumonia, bronchopneumonia, tracheitis, bronchitis, and other acute infections. It has been proved effective against a wide range of organisms, such as pneumococci, *H. influenzae*, streptococci, and many strains of staphylococci, including some resistant to other "mycins." Supplied as Capsules, 125 and 250 mg., vials of 36; Oral Suspension, 125 mg. per 5-cc. teaspoonful, bottles of 2 fl. oz.



CYCLAMYCIN[®]

Triacetyloleandomycin, Wyeth



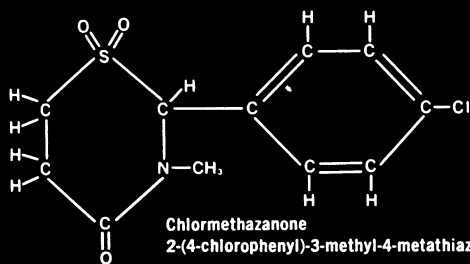
Conforms to Code for Advertising



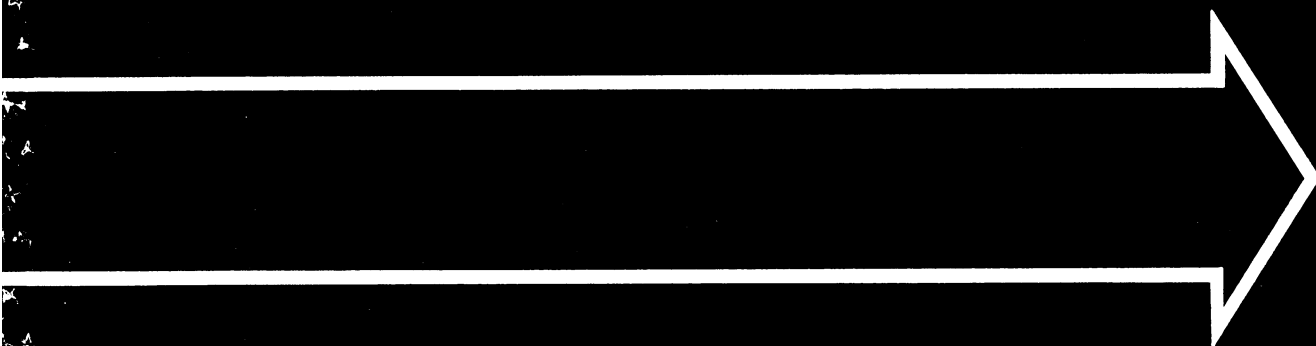
[®]
Philadelphia 1, Pa.

*More effective clinically
in*

the first true tranquilaxant



Chlormethazanone
2-(4-chlorophenyl)-3-methyl-4-metathiazanone-1-dioxide



Trancopal

the first true

TRANQUILAXANT*

MUSCLE RELAXANT
and TRANQUILIZER

*clinical
results in
+092
patients*

*tran-qui-lax-ant (tran'kwi-lak'sant)
[< L. *tranquillus*, quiet; L. *laxare*, to
loosen, as the muscles]

Clinical Comments

“We have just started using it [Trancopal] for relaxing spastic musculature and are *very much encouraged*.”¹

Baker, University of
Minnesota Medical
School

“Chlormethazanone [Trancopal] not only relieved *painful muscle spasm*, but allowed the patients to resume their normal activities with no interference in performance of either manual or intellectual tasks.”²

Lichtman, New York
Polyclinic Medical School
and Hospital

“The effect of this preparation in these cases [skeletal muscle spasm] was *excellent and prompt* . . .”³

Mullin and Epifano, Long
Island College Hospital

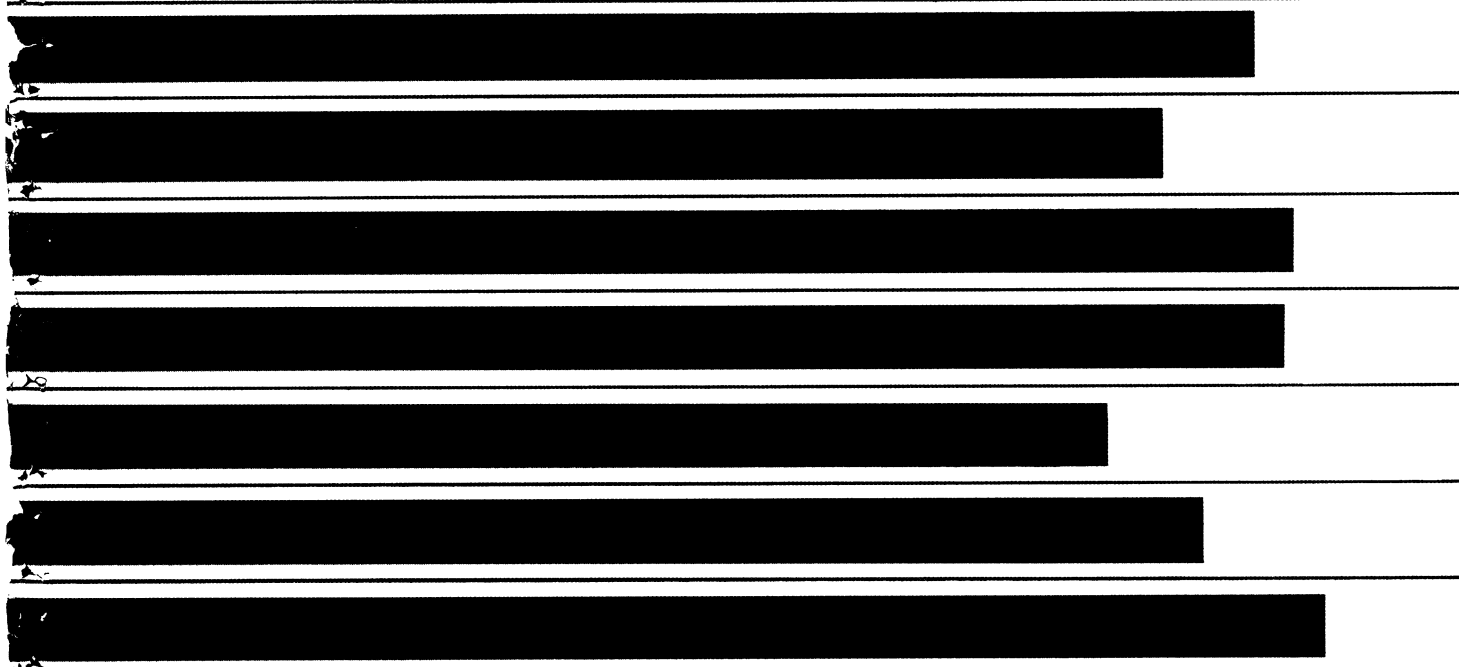
“In 120 patients with *anxiety or tension states*, 114 received satisfactory control of their condition. *Severe dysmenorrhea and premenstrual tension* in 65 patients refractory to the usual medications were relieved satisfactorily in 56.”⁴

Lichtman

91% Effective in Musculoskeletal Disorders

Indications

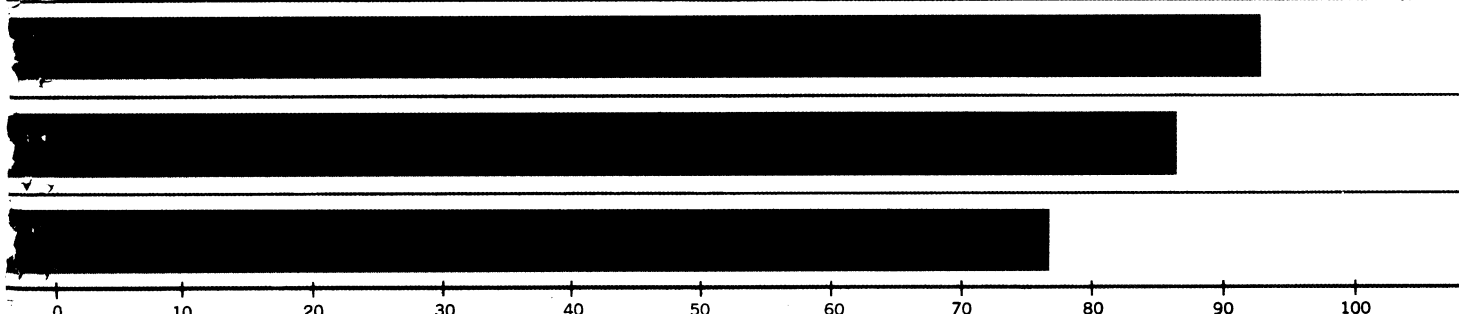
Degree of Effectiveness[†]



89% Effective in Psychogenic Disorders

Indications

Degree of Effectiveness[†]



The results of clinical studies of over 4092 patients by 105 physicians demonstrate that Trancopal often is effective when other drugs have failed. From these studies it is clear that Trancopal probably can provide more help for a greater number of tense, spastic, and/or emotionally upset patients than any other pharmaceutical agent in current use.

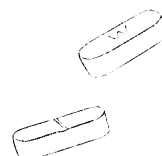
[†]*Excellent, good and fair*

Dosage:

Usual adult dose, 1 Caplet (100 mg.) three or four times daily. Children (from 5 to 12 years), $\frac{1}{2}$ Caplet (50 mg.) three or four times daily.

Supplied:

Trancopal Caplets® (peach colored, scored) 100 mg., bottles of 100 and 1000.



Winthrop

the first true tranquilaxant

ADVANTAGES OF TRANCOPAL

- Lower incidence of side effects than with zoxazolamine, methocarbamol or meprobamate.
- No known contraindications. Blood pressure, pulse rate, respiration and digestive processes unaffected by therapeutic dosage. No effects on hematopoietic system or liver and kidney function.
- Low toxicity. "As safe as aspirin."
- No gastric irritation. Can be taken before meals.
- No clouding of consciousness, no euphoria or depression.
- No perceptible soporific effect, even in high dosage.

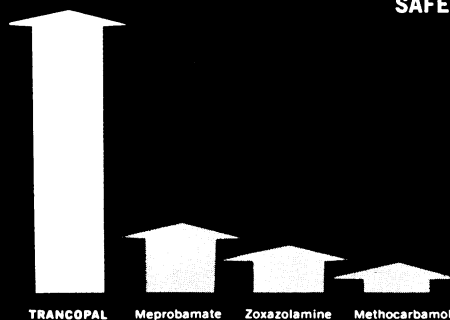
INDICATIONS

Musculoskeletal

Psychogenic

Neurologic

SAFETY



SIDE EFFECTS 2.3%

Patients without side effects 97.7%

SUPPLIED

REFERENCES

Meat...

and Fat in the American Diet

In this era of public concern over the possibly deleterious influence of dietary fat on human health, a sober look at the facts as they exist today appears indicated.

After reviewing the evidence up to 1958, The Food and Nutrition Board of the National Research Council* defined the contribution of fat to American nutrition.

“The human requirement for fat or for specific fatty acids, as well as the nutritional implications of a high content of fat in the diet, remains to be determined.

“In the United States an average diet containing approximately 40 per cent of the calories in the form of fat has been consistent with the attainment of one of the best health patterns in the world.”

This statement by unbiased authority demonstrates that drastic curtailment of fat intake is not indicated on the basis of current evidence.

However, if special circumstances call for curtailment of fat intake, meat need not be denied the patient. Visible fat can be removed easily. In addition to its high protein contribution to tissue repair and maintenance, meat provides the gamut of B vitamins and important minerals essential to sound nutrition.

*The Role of Dietary Fat in Human Health: A Report of the Food and Nutrition Board, National Academy of Sciences—National Research Council, Washington, D. C., Publication 575, 1958.

The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

A m e r i c a n M e a t I n s t i t u t e
Main Office, Chicago...Members Throughout the United States



for
colds
of
every
description

one
inclusive
prescription

CORICIDIN[®] FORTE
CAPSULES



Lowers blood pressure — maintains mental alertness ***calms the patient under stress***

Rautensin provides a smooth, gradual and sustained reduction of blood pressure without sudden rebounds or abrupt declines.¹ Rautensin's tranquilizing properties calm the tense and anxious hypertensive without impairing alertness, without producing excessive lethargy or drowsiness.

The risk of Rauwolfia-induced depression is markedly reduced since the alseroxylon fraction alone is used.² Even on long-term administration side actions "...are either completely absent or so mild as to be inconsequential."³

Rautensin®

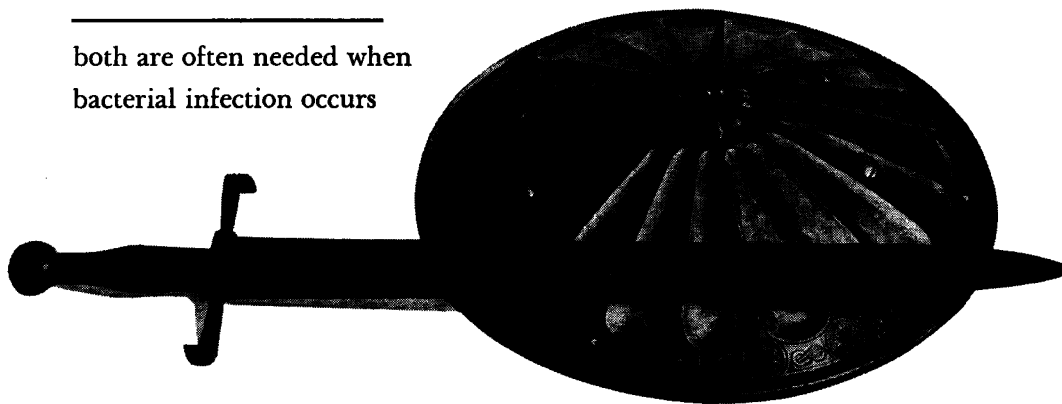
Each tablet contains 2 mg. of the purified alseroxylon complex of Rauwolfia serpentina

1. Wright, W. T., Jr.; Pokorny, C., and Foster, T. L.: Kansas M. Soc. 57:410, 1956. 2. Gilchrist, A. R.: Brit. M. J. 2:1011 (Nov. 3), 1956. 3. Terman, L. A.: Illinois M. J. 3:67, 1957.

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska

- prompt, aggressive antibiotic action
- a reliable defense against monilial complications

both are often needed when bacterial infection occurs



for a direct strike at infection

Mysteclin-V contains tetracycline phosphate complex

It provides a direct strike at all tetracycline-susceptible organisms (most pathogenic bacteria, certain rickettsias, certain large viruses, and *Endamoeba histolytica*).

It provides the new chemical form of the world's most widely prescribed broad spectrum antibiotic.

It provides unsurpassed initial blood levels — higher and faster than older forms of tetracycline — for the most rapid transport of the antibiotic to the site of infection.

for protection against monilial complications

Mysteclin-V contains Mycostatin

It provides the antifungal antibiotic, first tested and clinically confirmed by Squibb, with specific action against *Candida (Monilia) albicans*.

It acts to prevent the monilial overgrowth which frequently occurs whenever tetracycline or any other broad spectrum antibiotic is used.

It protects your patient against antibiotic-induced intestinal moniliasis and its complications, including vaginal and anogenital moniliasis, even potentially fatal systemic moniliasis.

MYSTECLIN-V

Squibb Tetracycline Phosphate Complex (Sumycin) and Nystatin (Mycostatin)

Capsules (250 mg./250,000 u.), bottles of 16 and 100. Half-strength Capsules (125 mg./125,000 u.), bottles of 16 and 100. Suspension (125 mg./125,000 u. per 5 cc.) 60 cc. bottles. Pediatric Drops (100 mg./100,000 u. per cc.) 10 cc. dropper bottles.

SQUIBB



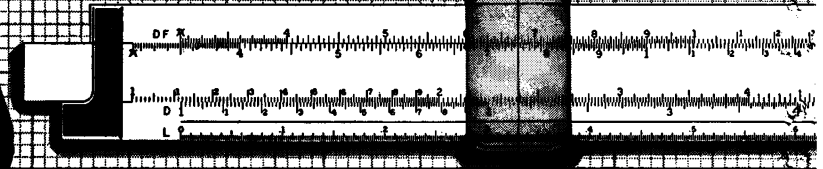
Squibb Quality — the Priceless Ingredient

MYSTECLIN®, SUMYCIN®, AND MYCOSTATIN® ARE SQUIBB TRADEMARKS

R. Tao
(tetracycline hydrochloride)
Capsules / Oral Suspension

PRONOUNCED TAY-O

** designed for
superior control of
common Gram-positive
infections*



**in the
patient:**

95% effective in published cases¹⁻⁸

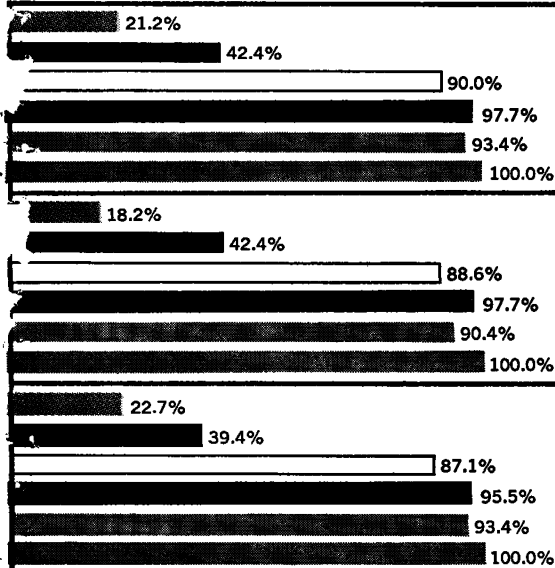
Conditions treated	No. of Patients
ALL INFECTIONS	558
Respiratory infections	258
Pharyngitis and/or tonsillitis	65
Pneumonia	90
Infectious asthma	44
Otitis media	31
Other respiratory (bronchitis, bronchiolitis, bronchiectasis, pneumonitis, laryngotracheitis, strep throat)	28
Skin and soft tissue infections	230
Infected wounds, incisions and lacerations	41
Abscesses	51
Furunculosis	58
Acne, pustular	43
Pyoderma	19
Other skin and soft tissue (infected burns, cellulitis, impetigo, ulcers, others)	18
Genitourinary infections	28
Acute pyelitis and cystitis	10
Urethritis with gonorrhea or cystitis	8
Pyelonephritis	4
Salpingitis	5
Pelvic inflammation with endometriosis	1
Miscellaneous	42
(adenitis, enteritis, enterocolitis, subacute bacterial endocarditis, fever, hematoma, staphylococcus carriers, osteomyelitis, tenosynovitis, septic arthritis, acute bursitis, peri-arthritis)	

Failure
20
19
2
2
5
3
2
1
4

in the laboratory:

over 90% effective
against resistant staph

COMPARATIVE TESTS BY THREE METHODS
(DISC, TUBE DILUTION, CYLINDER PLATE)
ON 130 STAPHYLOCOCCI*



Antibiotic A 2-10 units Tao 2-15 mcg.
Antibiotic B 5-30 mcg. Antibiotic D 2-15 mcg.
Antibiotic C 5-30 mcg. Antibiotic E 5-30 mcg.

*Percentage of organisms inhibited by the range of concentrations listed for each antibiotic.

Other TAO advantages:

- Readily absorbed—stable in gastric acid.* TAO needs no retarding protective coating
- Low in toxicity—freedom from side effects in 96% of patients treated; cessation of therapy is rarely required
- Highly palatable—"practically tasteless" active ingredient in a pleasant cherry-flavored medium

Dosage and Administration: Dosage varies according to the severity of the infection. For adults, the average dose is 250 mg. q.i.d.; to 500 mg. q.i.d. in more severe infections. For children 8 months to 8 years, a daily dose of approximately 30 mg./Kg. body weight in divided doses has been found effective. Since TAO is therapeutically stable in gastric acid, it may be administered without regard to meals.

Supplied: TAO Capsules—250 mg. and 125 mg., bottles of 60. TAO for Oral Suspension—1.5 Gm., 125 mg. per teaspoonful (5 cc.) when reconstituted; unusually palatable cherry flavor; 2-oz. bottle.

References: 1. Koch, R., and Asay, L. D.: J. Pediatr., in press. 2. Leming, B. H., Jr., et al.: Paper presented at the Symposium on Antibiotics, Washington, D. C., Oct. 15-17, 1958. 3. Mellman, et al.: Paper presented at the Symposium on Antibiotics, Washington, D. C., Oct. 15-17, 1958. 4. Glansky, S., and McCormick, G. E., Jr.: Paper presented at the Symposium on Antibiotics, Washington, D. C., Oct. 15-17, 1958. 5. Shubin, H., et al.: Antibiotics Annual 1957-1958, New York, N. Y., Medical Encyclopedia, Inc., 1958, p. 679. 6. Isenberg, H., and Karellitz, S.: Paper presented at the Symposium on Antibiotics, Washington, D. C., Oct. 15-17, 1958. 7. Wennersten, J. R.: Antibiotic Med. & Clin. Therapy 1:27 (Aug.) 1958. 8. Kaplan, M. A., and Goldin, M.: Paper presented at the Symposium on Antibiotics, Washington, D. C., Oct. 15-17, 1958. 9. Truant, J. P.: Paper presented at the Symposium on Antibiotics, Washington, D. C., Oct. 15-17, 1958.

Tao dosage forms— for specific clinical situations

Tao Pediatric Drops

For children—flavorful, easy to administer.

Supplied: When reconstituted, 100 mg. per cc. Special calibrated droppers—5 drops (approx. 25 mg.) and 10 drops (approx. 50 mg.), 10-cc. bottle.

Tao AC (Tao analgesic, antihistaminic compound)

To eradicate pain and physical discomfort in respiratory disorders.

Supplied: In bottles of 36 capsules.

Trosterin® (Tao with triple sulfas)

For dual control of Gram-positive and Gram-negative infections.

Supplied: Tablets, bottles of 60. Oral Suspension, bottles of 60-cc.

Intramuscular or Intravenous

For direct action—in clinical emergencies.

Supplied: In 10-cc. vials.

BY APPOINTMENT



New York 17, N.Y.
Division, Chas. Pfizer & Co., Inc.
Science for the World's Well-Being

TAOMID: Each tablet contains Tao Triacetyloleandomycin 75 mg., Sulfadiazine 111 mg., Sulfamerazine 111 mg., Sulfamethazine 111 mg. Each tsp. (5 cc.) contains Tao Triacetyloleandomycin 125 mg., Sulfadiazine 167 mg., Sulfamerazine 167 mg., Sulfamethazine 167 mg.

TAO-AC: Each capsule contains Tao Triacetyloleandomycin 125 mg., Phenacetin 120 mg., Caffeine 30 mg., Salicylamide 150 mg., Buclizine Hydrochloride 15 mg.

**AN
AMES
CLINIQUE^{T.M.}**
CLINICAL BRIEFS
FOR MODERN PRACTICE



How can the problem of "postcholecystectomy syndrome" be reduced?

A "routine" operative cholangiogram is now recommended in addition to thorough surgical exploration, reducing the number of cholecystectomized patients later presenting the same symptoms as before the operation.

Source: Vazquez, S. G.: J. Internat. Coll. Surgeons 28:394, 1957.

*for pre- and postoperative
management of biliary
tract disorders...*

DECHOLIN[®] "therapeutic bile"

Hydrocholeresis with DECHOLIN combats bile stasis by flushing the biliary tract with dilute, natural bile...

- corrects excessive bile concentration
- helps to thin gallbladder contents
- benefits patients with chronic cholecystitis, noncalculous cholangitis, and biliary dyskinesia

in functional G.I. distress...

DECHOLIN[®]
with **BELLADONNA**

- reliable spasmolysis
- improved liver function

available: DECHOLIN Tablets: (dehydrocholic acid, AMES) 3¾ gr. (250 mg.). Bottles of 100, 500 and 1,000; drums of 5,000.

DECHOLIN with Belladonna Tablets: (dehydrocholic acid, AMES) 3¾ gr. (250 mg.) and extract of belladonna ½ gr. (10 mg.). Bottles of 100 and 500.

AMES
COMPANY, INC
Elkhart • Indiana
Toronto • Canada



60659

More effective than salicylate alone

Pabalate®



COMBINING MUTUALLY SYNERGISTIC NON-STEROID ANTIRHEUMATICS

"superior to aspirin" — "...evidence seems to indicate that the concurrent administration of para-aminobenzoic and salicylic acid [as in Pabalate] produces a more uniformly sustained level for prolonged analgesia and, therefore, is superior to aspirin in the treatment of chronic rheumatic disorders."¹

In each enteric-coated PABALATE tablet:

Sodium salicylate (5 gr.)..... 0.3 Gm.

Sodium para-aminobenzoate (5 gr.).. 0.3 Gm.

Ascorbic acid50.0 mg.

Robins

For the patient
who requires steroids

Pabalate-HC

Pabalate with Hydrocortisone

In each enteric-coated PABALATE-HC tablet:

Hydrocortisone 2.5 mg.

Potassium salicylate (5 gr.)..... 0.3 Gm.

Potassium para-aminobenzoate (5 gr.).. 0.3 Gm.

Ascorbic acid50.0 mg.

1. Ford, R. A., and Blanchard, K.:
Journal-Lancet 78:185, 1958.

For the patient
who should avoid sodium

Pabalate®-Sodium Free

Same formula as Pabalate, with sodium
salts replaced by potassium salts

A. H. ROBINS CO., INC., Richmond 20, Virginia

Ethical Pharmaceuticals of Merit since 1878

"a highly effective antitussive"¹

*Preferred by patients as to "effectiveness, taste
and absence of undesirable side-effects"²*

Robitussin: Each 5-cc. tea-
spoonful contains glyceryl
guaiacolate 100 mg.

Robitussin A-C: Same formula,
plus propenpyridamine
maleate 7.5 mg. and codeine
phosphate 10 mg. per 5 cc.
Exempt narcotic.

Supply: Bottles of 4 fl. oz.,
1 pint and 1 gallon.

1. Bickerman, H. A.: *In* Drugs of
Choice 1958-1959, ed. by W. Modell,
Mosby, St. Louis, 1958, p. 562.

2. Hayes, E. W., and Jacobs, L. S.:
Dis. Chest 30:441, 1956.

A. H. **Robins** CO., INC., RICHMOND 20, VIRGINIA

Ethical Pharmaceuticals of Merit since 1878

Robitussin[®] or Robitussin[®] A-C



ROBITUSSIN WITH ANTIHISTAMINE AND CODEINE

NICOZOL

for senile psychoses

an ideal
cerebral tonic
and stimulant
for the aged

NICOZOL relieves mental confusion and deterioration, mild memory defects and abnormal behavior patterns in the aged.

NICOZOL therapy will enable your senile patients to live fuller, more useful lives. Rehabilitation from public and private institutions may be accomplished for your mildly confused patients by treatment with the Nicozol formula. 1, 2, 3.

NICOZOL is supplied in capsule and elixir forms. Each capsule or ½ teaspoonful contains:

*Pentylenetetrazol. . . 100 mg.
Nicotinic Acid 50 mg.*

1. Levy, S., *JAMA.*, 153:1260, 1953
2. Thompson, L., Procter R.,
North Carolina M. J., 15:596, 1954
3. Thompson, L., Procter, R.,
Clin. Med., 3:325, 1956



From
CONFUSION . . .

to a
**NORMAL
BEHAVIOR
PATTERN**



WRITE for **FREE NICOZOL**

**DRUG SPECIALTIES, INC.
WINSTON-SALEM 1, N. C.**

for professional samples of
NICOZOL capsules and literature on
NICOZOL for senile psychoses.

Sole distributors in California:
The Brown Pharmaceutical Co., Los Angeles

new
for
cough

tastes
good

the straws just symbolize the good flavor! And DIMETANE EXPECTORANT for cough is as effective as it is delicious. FORMULA: each 5 cc. (1 teaspoonful) contains: DIMETANE (Parabromdylamine Maleate) 2.0 mg.; Glyceryl Guaiacolate 100.0 mg.; Phenylephrine Hydrochloride, USP 5.0 mg.; Phenylpropanolamine Hydrochloride, NNR 5.0 mg.; Alcohol 3.5% in a good-tasting aromatic base.



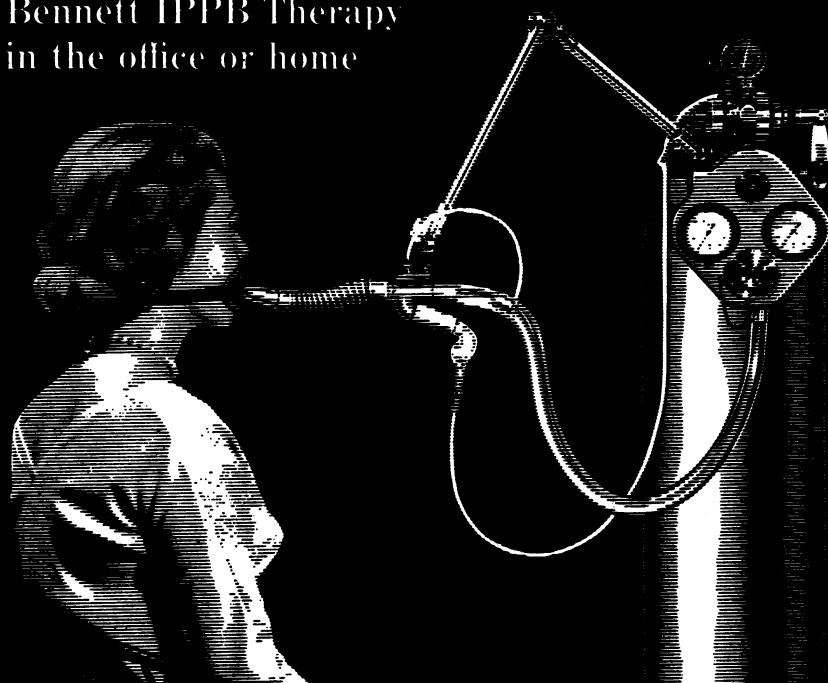
works
better

combines the unsurpassed antihistamine Dimetane with the clinically proven expectorant glyceryl guaiacolate (which increases R.T.F. almost 200%) and two recognized decongestants. When additional cough suppressant action is indicated, prescribe DIMETANE EXPECTORANT-DC, which provides the basic formula with dihydrocodeinone bitartrate 1.8 mg. per 5 cc. (exempt narcotic).

Dimetane® Expectorant 
Dimetane® Expectorant-DC

(WITH DIHYDROCODEINONE BITARTRATE 1.8 MG./5CC.)

For your "breathless" patient ...
... Bennett IPPB Therapy
in the office or home



Authoritative recognition has repeatedly been accorded to the Bennett Pressure Breathing Therapy Unit for the most efficient treatment by intermittent positive pressure breathing (IPPB) of emphysema, asthma, bronchiectasis, and other conditions with acute or chronic dyspnea.

"Intermittent positive pressure breathing (IPPB), as provided by an automatic or patient controlled respirator combined with a nebulizer for the simultaneous administration of bronchodilators, antibiotics and other aerosols, is an effective adjunct to the treatment of many acute and chronic pulmonary conditions where respiratory difficulty or insufficiency is present. These conditions include emphysema, with or without superimposed bronchial infection, silicosis, pulmonary edema, bronchiectasis, bronchial asthma, pulmonary fibrosis, barbiturate poisoning, poliomyelitis and other conditions where dyspnea or impaired movement of the diaphragm is present." Clinical Use of Intermittent Positive Pressure Breathing Combined with Nebulization in Pulmonary Disease. A Report of the Committee on Physiologic Therapy. Diseases of the Chest, October, 1953, Vol. XXIV, No. 4, p. 455.



BENNETT RESPIRATION PRODUCTS, INC.

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The great operatic works of Rossini have been enjoyed by millions for many decades

THINGS THAT ENDURE

Good things endure... a work of art, a literary classic, a proud bridge... a dependable pharmaceutical. Such is **Desitin Ointment**. For over 35 years Desitin Ointment has endured as an incomparable, safe way to prevent and clear up diaper rash... and as a soothing, healing application in wounds, burns, external ulcers and other skin injuries.

Desitin®

DESITIN CHEMICAL COMPANY

Desitin Ointment contains Norwegian cod liver oil, zinc oxide, talcum, petrolatum, and lanolin.

Exactly how does new Halodrin* restore the “premenopausal prime” in postmenopausal women?

Webster defines “prime” as the period of greatest health, strength, and beauty. In a woman, these are the childbearing years between puberty and menopause—the years when her hormone production is highest.

The inevitable reduction in this hormone production as she enters the menopause often results in physical discomfort in the form of hot flushes, nervousness, insomnia, or a multiplicity of other symptoms with which you are familiar. Superimposed on this physical picture is the psychic trauma brought on by this unavoidable evidence of aging. The thing that brings her to a physician is simply that she “feels bad.”

You can't make her 35 again—but the odds are good that you can make her feel like it! The secret is a combination of reassurance and hormones. The exact form and amount of the former defy objective analysis, but the latter can now be provided with scientific precision. Reduced to essentials, here is the explanation of exactly how hormones—in the form of Upjohn's new Halodrin—restore the “premenopausal prime.”

The normal premenopausal woman **excretes** estrogens in the urine in the form of estradiol, estrone, and estriol, in an approximate 28-day average ratio of 39:15:46. Starting with this urinary excretion of estrogens, it is possible to calculate backwards and estimate the amount of estradiol that must have been secreted endogenously in order to produce these urinary levels. This is possible because the proportion of estrogens which appears in the urine following parenteral administration has been established in castrated women.

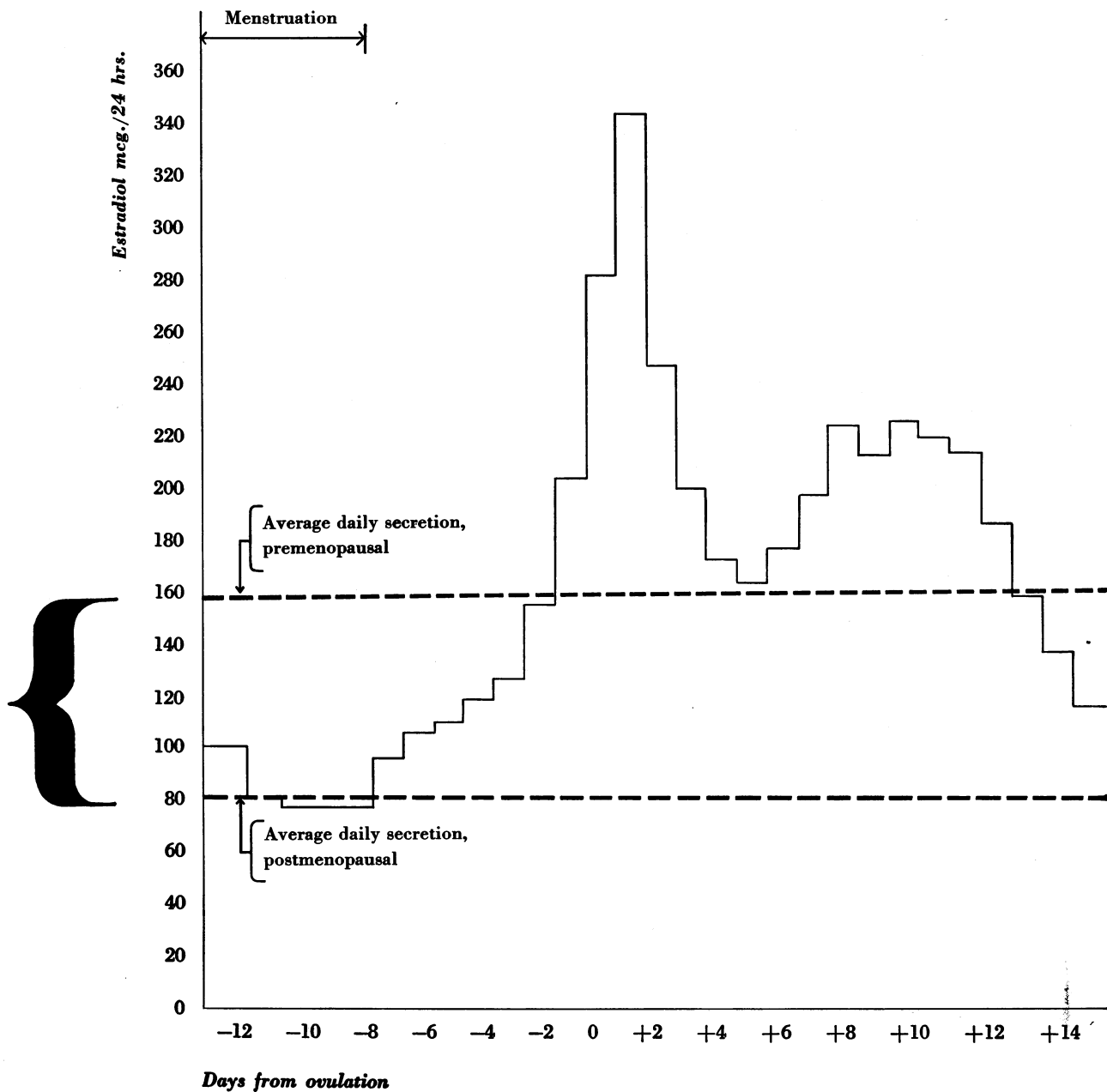
On this basis, the average endogenous output of estrogens is about 160 micrograms per day during a menstrual cycle, and 80 micrograms per day in postmenopausal women (see chart opposite). Therefore, the restoration of the “premenopausal prime” in the postmenopausal woman requires the replacement of approximately the equivalent of the 80 micrograms of estradiol per day that she no longer secretes endogenously.

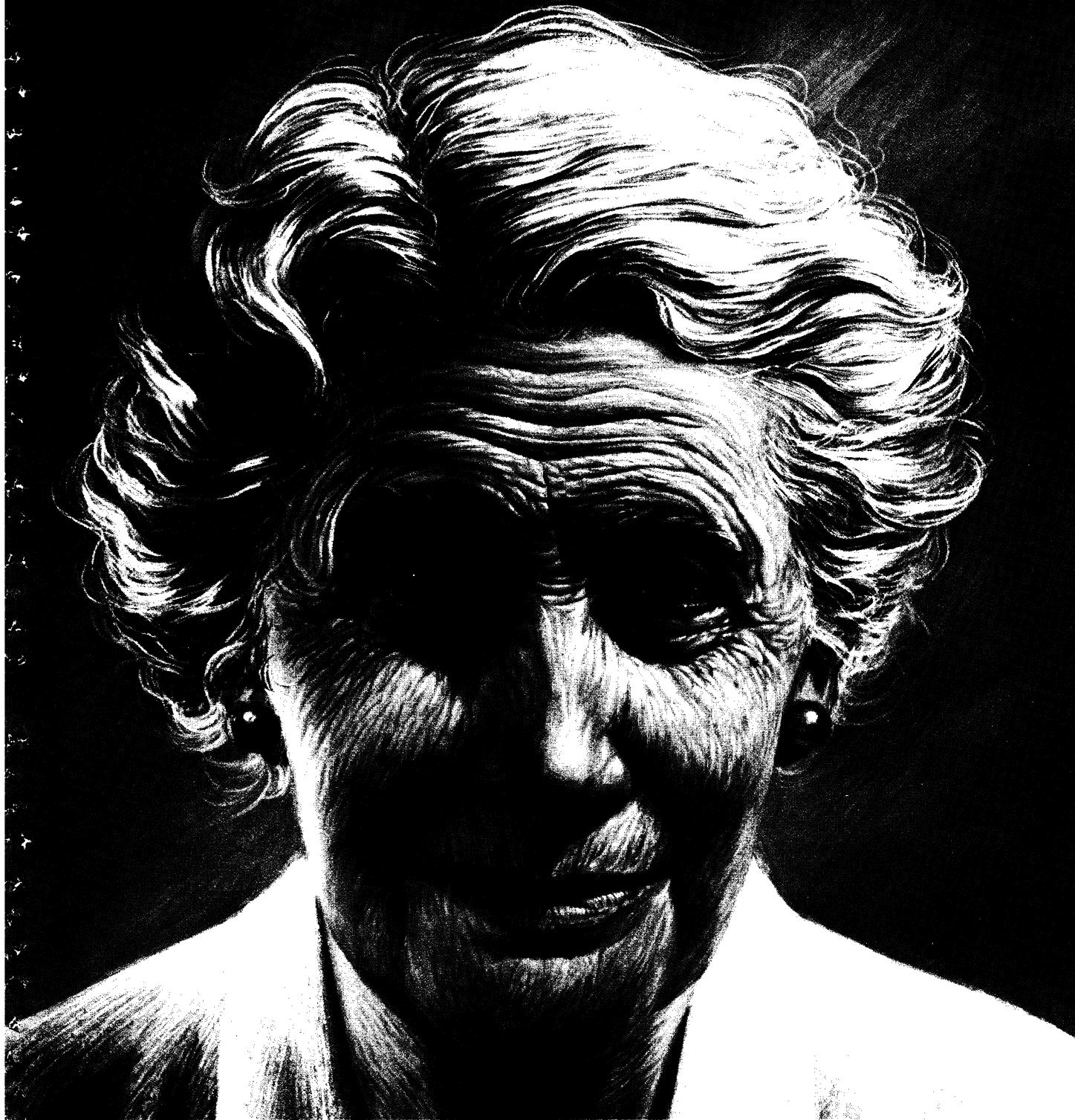
Oral ethinyl estradiol is about 2 to 2½ times as potent as parenteral estradiol. Therefore, the replacement of 80 micrograms of endogenous estradiol production per day is accomplished by the oral administration of 32 to 40 micrograms of ethinyl estradiol per day.

Each Halodrin tablet contains 20 micrograms of ethinyl estradiol, which means that the recommended dosage of 2 tablets per day provides 40 micrograms of ethinyl estradiol. This offsets the loss of 80 micrograms of endogenous estradiol production in the menopausal woman; i.e., restores the “premenopausal prime.”

Each Halodrin tablet also contains 1 mg. of Upjohn-developed Halotestin* (fluoxymesterone)—the most potent oral androgen known. The primary purpose is to “buffer” the ethinyl estradiol just enough to prevent breakthrough bleeding, which is obviously undesirable in the menopause. It also exerts other beneficial hormonal effects, one of which, in common with ethinyl estradiol, is a powerful anabolic action so desirable in patients of advanced years.

Endogenous estrogen secretion (mcg./24 hours)
(calculated from average 24-hour urinary excretion
of estradiol, estrone, and estriol)





over and above the rapid relief and improvement of symptoms
Decadron helps restore a "natural" sense of well-being

THE MOST EFFECTIVE OF ALL ANTI-INFLAMMATORY CORTICOSTEROIDS

Decadron 
DEXAMETHASONE

 Merck Sharp & Dohme

to treat more patients more effectively

the crowning
achievement of
the first
corticosteroid
decade



Decadron*

DEXAMETHASONE

to treat more patients more effectively

Comprehensive and thorough clinical trials show that **DECADRON** on a milligram basis is the most effective of all oral corticosteroids ■ **DECADRON** is virtually free of sodium retention, potassium depletion, hypertension, or edema ■ **DECADRON** is virtually free of diabetogenic effect in therapeutic doses ■ **DECADRON** has not caused any new or unusual reactions ■ **DECADRON** helps restore a "natural" sense of well-being.

INDICATIONS: All allergic and inflammatory disorders amenable to corticosteroid therapy. **CONTRAINDICATIONS:** Herpes simplex of the eye is an absolute contraindication to corticosteroid therapy. **DECADRON** should be administered with the same precautions observed with other corticosteroid therapy. **DOSAGE AND ADMINISTRATION:** Transfer of patients from other corticosteroids to **DECADRON** may usually be accomplished on the basis of the following milligram equivalence:

one 0.75 mg. tablet of **Decadron*** (dexamethasone) replaces:

↓ One 4 mg. tablet of	↓ One 5 mg. tablet of	↓ One 20 mg. tablet of	↓ One 25 mg. tablet of
methylprednisolone or triamcinolone	prednisolone or prednisone	hydrocortisone	cortisone

SUPPLIED: As 0.75 mg. scored pentagon-shaped tablets. Also as 0.5 mg. tablets, to provide maximal individualized flexibility of dosage adjustment, since many patients achieve adequate control even on lower dosage.

Detailed literature is available on request.

*DECADRON is a trademark of Merck & Co., Inc.

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Merck Sharp & Dohme
Division of Merck & Co., Inc., Philadelphia 1, Pa.

*When it comes to colds and coughs,
surgeons are just like their patients
... they want relief of symptoms and,
if possible, to stay on the job.*

Romilar Cold Formula controls the
entire symptomatology of colds,
including coughs. A synergistic
combination,* Romilar CF

*checks coryza
suppresses coughing
relieves congestion
controls fever and malaise*

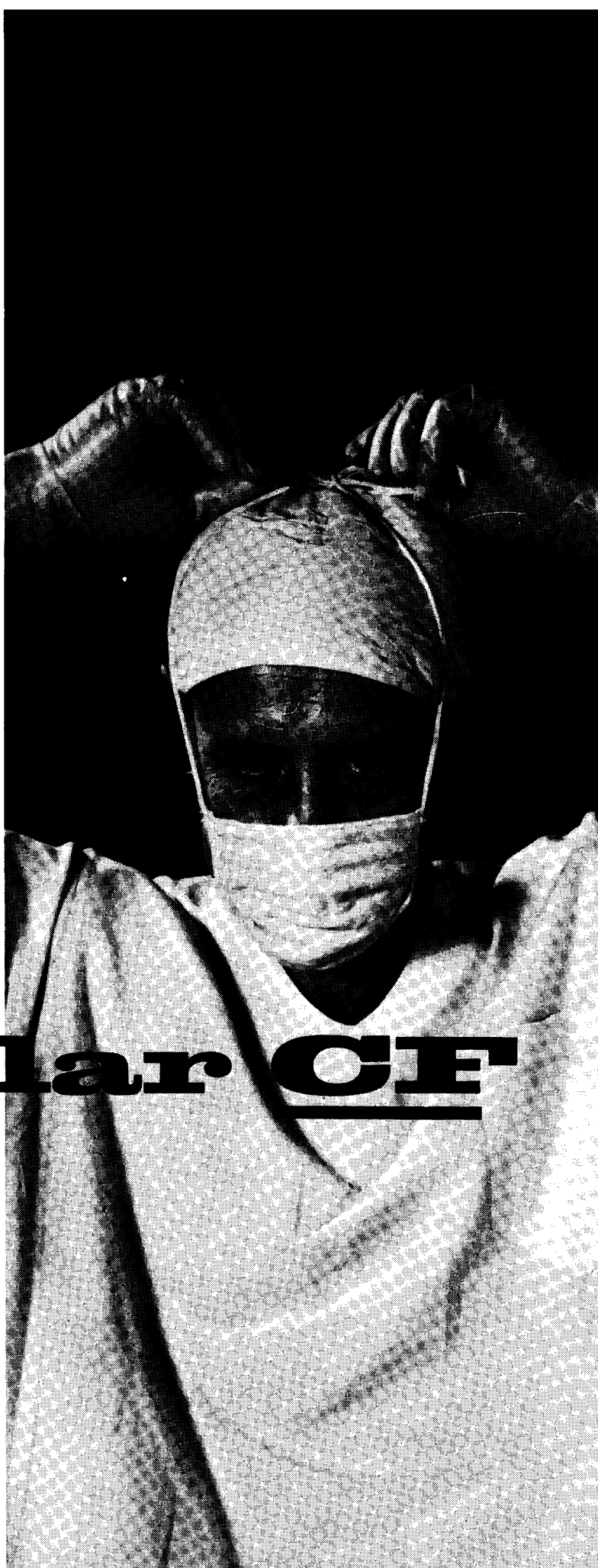
this surgeon takes Romilar CF

Each teaspoonful (5 cc) of pleasantly flavored
syrup, or each capsule, contains: 15 mg Romilar
HBr (non-narcotic antitussive); 1.25 mg Chlor-
pheniramine maleate (antihistamine); 5 mg Phenyl-
ephine HCl (decongestant); 120 mg N-acetyl-
p-aminophenol (analgesic-antipyretic).

*L. O. Randall and J. Selitto, *J. Am. Pharm. Assn. (Sc. Ed.)*, 47:313, 1958.
Romilar® Hydrobromide—brand of dextromethorphan hydrobromide



ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc. • Nutley 10 • N. J.





JUST 1 TABLET DAILY

WHENEVER SULFAS ARE INDICATED

KYNEX

Sulfamethoxypyridazine Lederle

provides therapeutic sulfa levels for 24 hours... Highly soluble... rapidly absorbed... produces fast, sustained plasma-tissue concentrations. Simple, easy-to-remember, single 0.5 Gm. daily dose. No crystalluria. ¹

* with low incidence of sensitivity reactions... Extremely low in toxic potential. ^{2, 3} No cutaneous or other objective reactions seen in a wide scale study of clinical toxicity. ² Even minor subjective reactions are not expected to occur ² or are reported absent ³ when recommended schedule is used.

TABLETS, 0.5 Gm., bottles of 24 and 100. New ACETYL PEDIATRIC SUSPENSION, cherry flavored, 250 mg. sulfamethoxypyridazine activity per teaspoonful (5 cc.), bottles of 4 and 16 fl. oz.

1. Editorial: *New England J. Med.* 258:48, 1958.

2. Vinnicombe, J.: *Antibiotic Med. & Clin. Ther.* 5:474, 1958.

3. Sheth, U. K., et al.: *Ibid.*, p. 604, 1958.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y.

*Reg. U.S. Pat. Off.

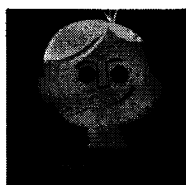


UNIQUE VITAMIN SUPPLEMENT

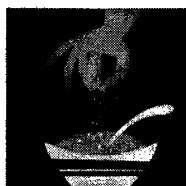
NEW VIGRAN CHEWABLES

SQUIBB MULTIPLE VITAMIN SOFT TABLETS

fruit-punch flavored
tablets that will
actually
"melt in the mouth"



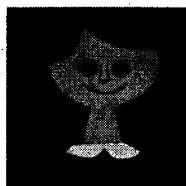
can be chewed like candy



can be crushed and sprinkled on
cereal or other food



can be dissolved in water, juice or milk



can be sucked and will dissolve like a lozenge



can be easily swallowed (small tablet size)

VIGRAN CHEWABLES *taste like candy*, but contain *no ingredients harmful to teeth*. Important, too, is that VIGRAN CHEWABLES *dissolve easily* in the mouth and *smell good*. These advantages will also appeal to your elderly patients. And VIGRAN CHEWABLES provide at least 125% of the minimum daily requirements for vitamins A, D, B₁, B₂, niacinamide and C, and significant amounts of other essential vitamins.

Each VIGRAN CHEWABLE tablet contains:

Vitamin A	5,000 U.S.P. units
Vitamin D	1,000 U.S.P. units
Vitamin C	75 mg.
Vitamin B ₁	3 mg.
Vitamin B ₂	3 mg.
Vitamin B ₆	2 mg.
Niacinamide	25 mg.
Calcium Pantothenate	3 mg.
Vitamin B ₁₂	5 mcg.

Available in Rx-size bottles of 30 and 90.

SQUIBB



*Squibb Quality—
the Priceless Ingredient*

*Vigran® is a Squibb trademark

improve blood supply

provide prolonged vasodilatation

after a coronary

Improved blood flow to the myocardium, after a coronary thrombosis, promotes development of essential collateral circulation, thereby helping to repair damage.

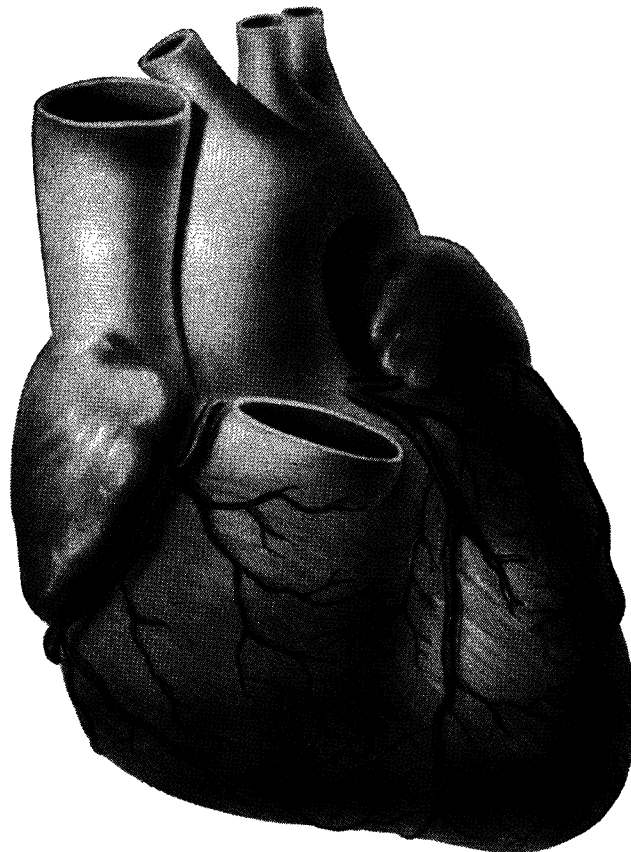
Peritrate, 20 mg. q.i.d., safely increases coronary blood supply without appreciably changing blood pressure or pulse rate. Its routine use in management of the post-coronary patient will provide safe, effective vasodilatation and prevent anginal attacks often encountered in the convalescent period.

Peritrate[®] 20 mg.

(Brand of pentaerythritol tetranitrate)



MORRIS PLAINS, N. J.



Viterra Tastitabs: 1 tablet daily, or as directed by the physician. Viterra Tastitabs may be dissolved in the mouth, chewed or swallowed whole, and may also be crushed and mixed with liquids. Each tablet contains vitamin and mineral elements in the following proportions of minimum daily requirements:

	Infants	Adults
Vitamin A	333%	125%
Vitamin D	250%	250%
Vitamin B ₁	400%	100%
Vitamin C	500%	167%
Vitamin B ₂	400%	100%
Iron	13.3%	10%
Iodine	50%	50%

The minimum daily requirements of Niacinamide, Vitamin B₁₂, Pyridoxine, Copper, Magnesium and Potassium have not yet been determined. The need for Calcium, Pantothenate, Cobalt, Manganese, Molybdenum and Zinc in human nutrition has not been established. Literature available on request.

Viterra—each capsule contains:

Vitamin A (Palmitate)	5,000 U.S.P. Units
Vitamin D (Irradiated Ergosterol)	500 U.S.P. Units
Thiamine Mononitrate	3 mg.
Riboflavin	3 mg.
Nicotinamide	25 mg.
Pyridoxine Hydrochloride	0.5 mg.
Calcium Pantothenate	5 mg.
Vitamin B ₁₂	1 mcg.
Ascorbic Acid	50 mg.
Vitamin E (from Mixed Tocopherols Concentrate)	3.7 Int'l Units
Calcium (from Dicalcium Phosphate)	38.8 mg.
Phosphorus (from Dicalcium Phosphate)	30.1 mg.
Iron (from Ferrous Sulfate)	10 mg.
Cobalt (from Cobalt Sulfate)	0.1 mg.
Copper (from Copper Sulfate)	1 mg.
Iodine (from Potassium Iodide)	0.15 mg.
Magnesium (from Magnesium Sulfate)	6 mg.
Manganese (from Manganese Sulfate)	1 mg.
Molybdenum (from Sodium Molybdate)	0.2 mg.
Potassium (from Potassium Sulfate)	5 mg.
Zinc (from Zinc Sulfate)	1.2 mg.

Viterra Therapeutic—each capsule contains:

Vitamin A (Palmitate)	25,000 U.S.P. Units
Vitamin D (Irradiated Ergosterol)	1,000 U.S.P. Units
Vitamin B ₁ (Thiamine Mononitrate)	10 mg.
Vitamin B ₂ (Riboflavin)	5 mg.
Vitamin B ₆ (Pyridoxine Hydrochloride)	0.5 mg.
Vitamin B ₁₂ U.S.P.	5 mcg.
Niacinamide U.S.P.	100 mg.
Vitamin C (Ascorbic Acid)	150 mg.
Calcium Pantothenate	15 mg.
Calcium (from Dicalcium Phosphate)	103.7 mg.
Cobalt (from Cobaltous Sulfate)	0.1 mg.
Copper (from Cupric Sulfate)	1.0 mg.
Iodine (from Potassium Iodide)	0.15 mg.
Iron (from Ferrous Sulfate)	10.0 mg.
Magnesium (from Magnesium Sulfate)	6.0 mg.
Manganese (from Manganous Sulfate)	1.0 mg.
Molybdenum (from Sodium Molybdate)	0.2 mg.
Phosphorus (from Dicalcium Phosphate)	80.0 mg.
Potassium (from Potassium Sulfate)	5.0 mg.
Zinc (from Zinc Sulfate)	1.2 mg.

3

make ready

That's the patient with the right form of VITERRA on his regimen! This comprehensive vitamin-mineral formula is ideal in frank nutritional deficiency states (VITERRA Therapeutic) or in daily supplementation (VITERRA Capsules, VITERRA Tastitabs® and VITERRA Pediatric).

VITERRA Therapeutic: when high potencies are indicated.

VITERRA Capsules: 10 vitamins, 11 minerals for balanced daily supplementation. Now in a soft, soluble capsule this small for added patient convenience.

VITERRA Tastitabs: VITERRA the way children like it best. Chew it, swallow it, let it melt in the mouth. Dissolve it in liquids, or add it to the formula.

Or prescribe convenient, delicious **VITERRA Pediatric** in the unique new Metered-Flow bottle.

Dosage: usually one capsule or Tastitab daily.

Supplied: CAPSULES: in 30's and 100's.

TASTITABS: bottles of 100.

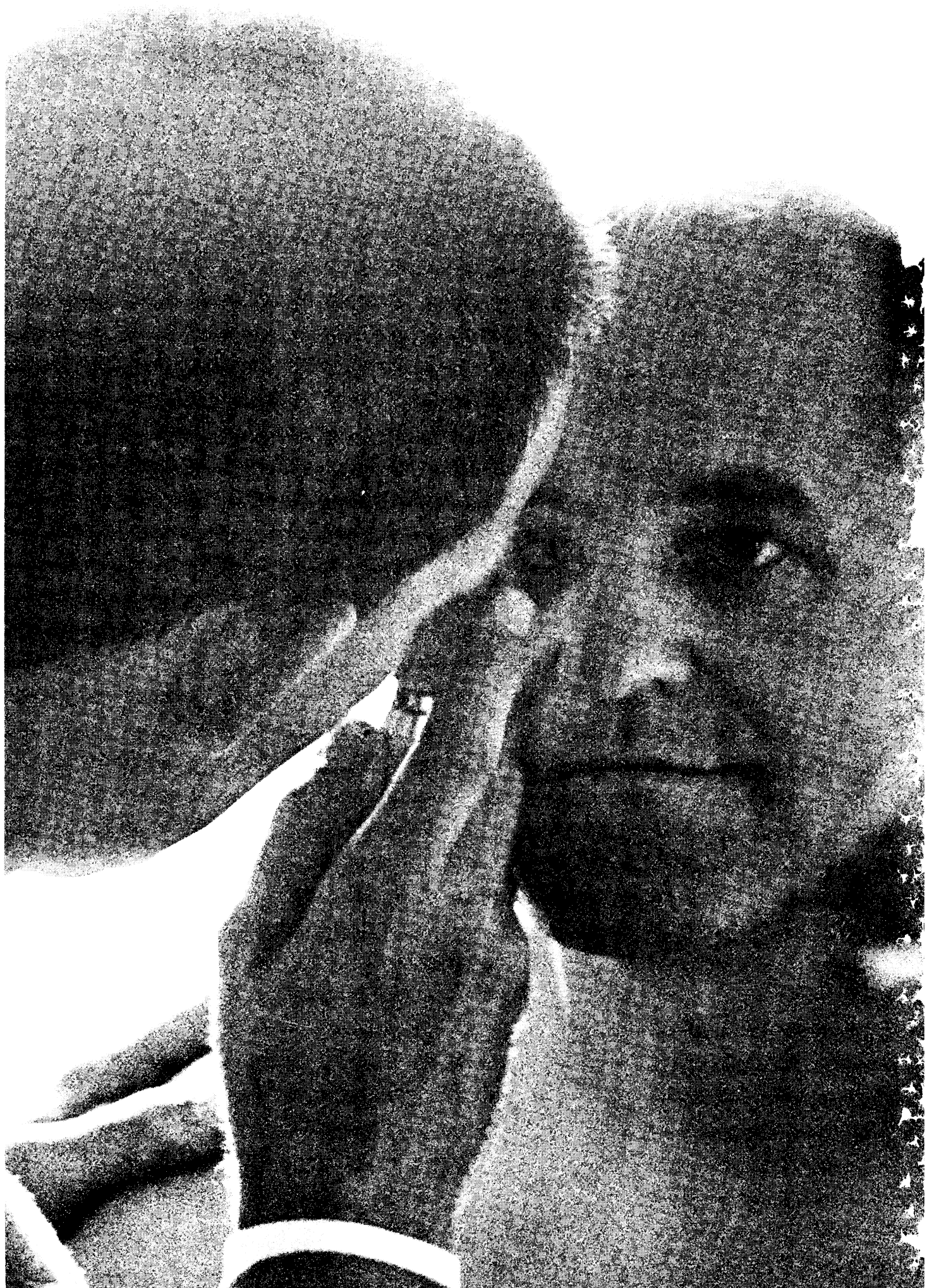
VITERRA PEDIATRIC: 50 cc. bottles.

ready to recover
ready to rebuild
ready to resist

VITERRA®



New York 17, N. Y.
Division, Chas. Pfizer & Co., Inc.
Science for the World's Well-Being



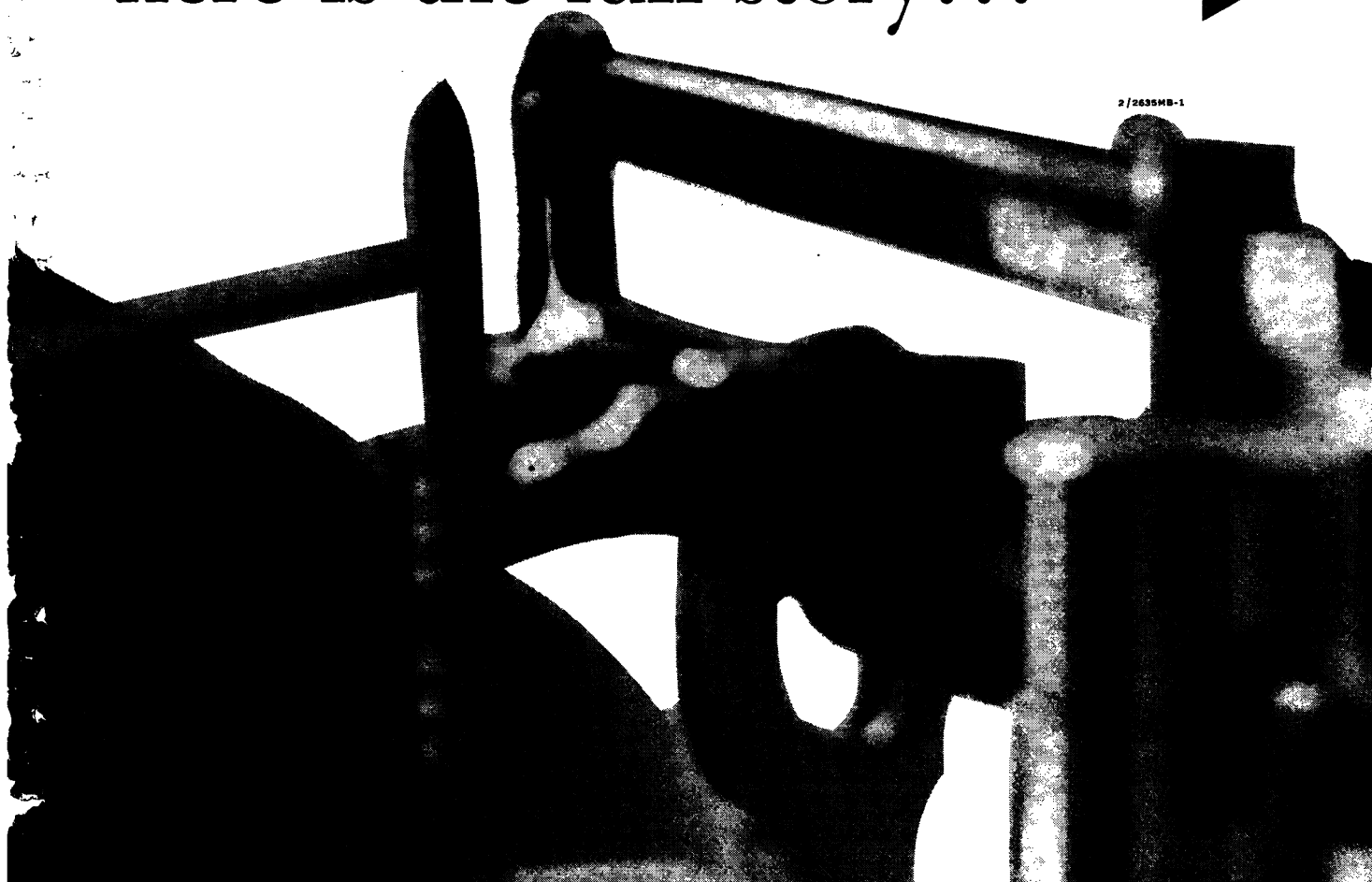
The drug that lowered this
patient's blood pressure
*for the first time without
side effects* is now available
for your prescription...

Created by C I B A
World Leader in
Hypertension Research

Singoserp^{T.M.}
(syrosingopine CIBA)

here is the full story...

please turn



a major improvement in rauwolfia a major advance in antihypertensive therapy

*Developed after three years of basic research, proved during one of the most extensive clinical trials in pharmaceutical history, here is what **Singoserp** can do:*

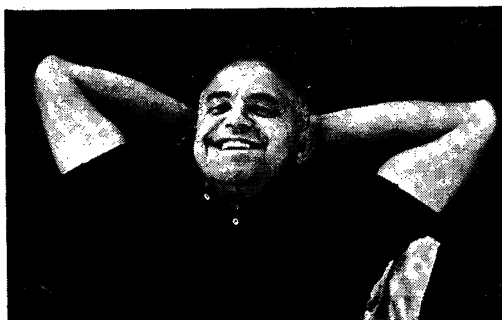
Patient P.K. was first seen with a blood pressure of 220/138 mm. Hg; he complained of headache, palpitation, nervous tension and hyperhidrosis.



Hospitalized briefly for observation and treatment, he was placed on a 4-Gm. sodium diet, plus chlorothiazide and mecamylamine regulated according to b.p. reading, which he was taught to take himself.



One month later his blood pressure was 140/104; he complained of dryness of mouth, chest pain, constipation and nocturia (twice a night). He was then started on Singoserp (0.5 mg. daily) with instructions to reduce the other medications to the extent possible, as evidenced by his b.p. readings.



After five months on Singoserp the patient's blood pressure ranged between 120/84 and 140/100. No mecamylamine was required; only $\frac{1}{3}$ the original dose of chlorothiazide was required. One month later, chlorothiazide was stopped and the patient was maintained on Singoserp alone, 1 mg. b.i.d. Favorable blood pressure response continues and patient feels well. Since taking Singoserp patient reports no chest pain, no mouth dryness, no other side effects.



Singoserp^{T.M.}

(syrosingopine CIBA)

*Solves the Side Effects Problem
in Most Hypertensive Patients*

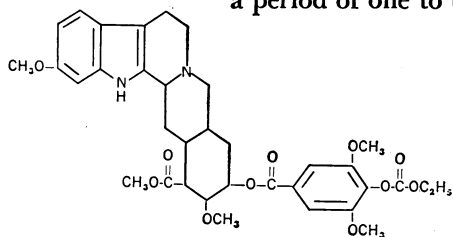
1. For new hypertensive patients Singoserp is the ideal antihypertensive drug for new patients because it lowers blood pressure without creating the side effects problem posed by conventional rauwolfia agents.

2. For hypertensive patients already undergoing drug treatment Singoserp, added to any antihypertensive regimen, makes it possible to maintain blood pressure levels achieved with more potent agents, while reducing their dosage requirements—or even eliminating them altogether in some cases.

Infrequent side effects—"The chief advantage of [Singoserp] over other Rauwolfia derivatives seems... to be the relative infrequency with which it produces disturbing side effects."¹

Less sedation—"It [Singoserp] is approximately equipotent to reserpine as a hypotensive agent but is definitely less sedative or tranquilizing."²

Depression relieved—"In those patients who had been depressed, [Singoserp] was substituted for other Rauwolfia preparations and within a period of one to two weeks this depression was relieved."³



Created in the laboratory by altering the reserpine molecule so as to preserve its antihypertensive property and virtually eliminate its undesirable side actions.

Dosage: *In New Patients:* Average initial dose, 1 to 2 tablets (1 to 2 mg.) daily. Some patients may require and will tolerate 3 or more tablets daily. Maintenance dose will range from 1/2 to 3 tablets (0.5 mg. to 3 mg.) daily. When necessary for adequate control of blood pressure, more potent agents may be used adjunctively with Singoserp in doses below those required when they are used alone. *In Patients Taking Other Antihypertensive Medication:* Add 1 to 2 Singoserp tablets (1 to 2 mg.) daily. Dosage of other agents should be revised downward to a level affording maximal control of blood pressure and minimal side effects.

Supplied: Singoserp Tablets, 1 mg. (white, scored); bottles of 100.

References: 1. Herrmann, G. R., Vogelpohl, E. B., Hejtmančík, M. R., and Wright, J. C.: To be published. 2. Wolfe, J. B.: *Mod. Med.* 26:253 (Feb. 1) 1958. 3. Bartels, C. C.: To be published.

C I B A
SUMMIT, N. J.



MEDICINE IN ANCIENT EGYPT—one of a series of oil paintings, "A History of Medicine in Pictures," commissioned by Parke-Davis.

Great Moments in Medicine

Clothed in spotless linens and wearing a wig, as became the dignity of his status, an Egyptian physician of 1500 B.C. administers to a patient with symptoms of lockjaw. Although Egyptian doctors dominated medicine in the ancient world for thousands of years, this highly-respected practitioner could rely only on personal skill, judgment, and experience to combat such dreaded killers as tetanus.

Today, 3500 years later, due to advances in pharma-

ceutical research, tetanus is no longer a source of fear. Your modern physician employs safe and effective immunizing agents to protect you and your family from tetanus, polio, and many other infections that were killers of defenseless persons in former times.

Parke-Davis scientists are proud of their place in the living history of modern medicine, helping to provide the people of the world with the better health and longer life that come with better medicines.

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PARKE-DAVIS

...Pioneers in better medicines

Medicine's priceless past is but prologue to its brilliant present and future. To help provide a better public understanding and awareness of Medicine's proud traditions, Parke-Davis will launch a unique and informative new institutional advertising campaign this month. GREAT MOMENTS IN MEDICINE will depict historically accurate scenes of advancements in Medicine through the centuries. This very colorful and interesting

Parke-Davis campaign will appear regularly during 1959 in LIFE, SATURDAY EVENING POST, TIME, READER'S DIGEST, and TODAY'S HEALTH. As a preview to the medical profession, the first ad in this series is reprinted above. Within a few weeks millions of people throughout the United States—and the world—will also see it.

PARKE-DAVIS

...Pioneers in better medicines

COMFORT—throughout the night



IN LOCAL AND RESPIRATORY INFLAMMATIONS...

NUMOTIZINE[®]

CATAPLASM

COMFORTS • SOOTHES • RELIEVES CONGESTION

FOR **8** HOURS...AND MORE

The combined analgesic-decongestive medications in Numotizine act by steady and continuing infiltration from Numotizine's carefully formulated polyol-aluminum silicate base.

This slow release of comforting ingredients eliminates fussy care...allows patients to sleep without interruption all night long.

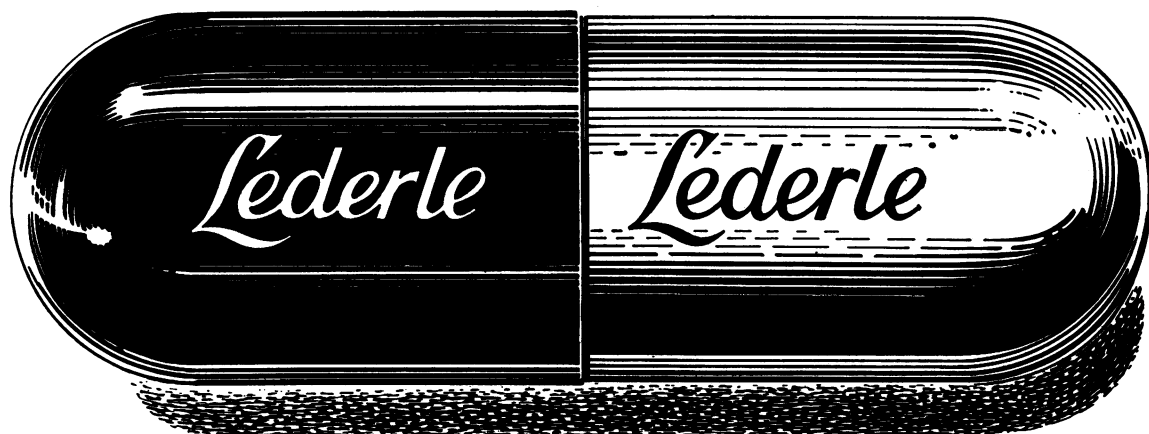
FORMULA: Guaiacol, 0.26%; Sol. Formaldehyde, 0.26%; Beechwood Creosote, 1.30%; Methyl Salicylate, 0.26%, in a kaolin-polyol base. Apply at least 1/8" thick over affected area, and cover with a suitable dressing.

CLEAN...EASY TO APPLY...EASY TO REMOVE



LABORATORIES, INC. • CHICAGO 10, ILLINOIS

in
this capsule
lives the
most widely
used



the most
widely useful
antibiotic
in the
world

Achromycin[®] V

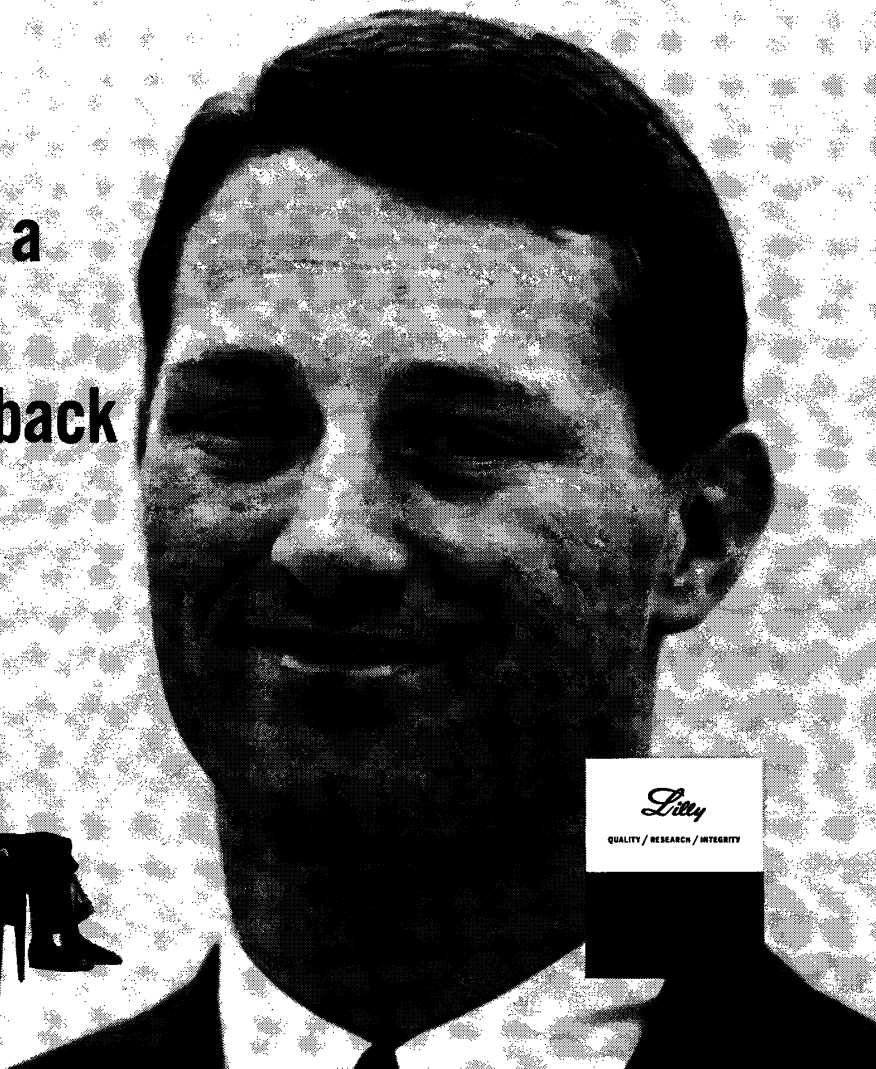
Tetracycline with Citric Acid Lederle

SUPPLIED IN CAPSULES OF 250 MG.
WITH 250 MG. CITRIC ACID,
AND 100 MG. WITH 100 MG. CITRIC ACID.



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V-CILLIN K®...

dependable, fast, effective therapy

V-Cillin K produces therapeutic blood levels in all patients within five to fifteen minutes after administration—levels higher than those attained with any other oral penicillin. Infections resolve rapidly. *Dosage:* 125 or 250 mg. three times daily. *Supplied:* In scored tablets of 125 and 250 mg. (200,000 and 400,000 units).

New: V-Cillin K® Sulfa. Each tablet combines 125 mg. of V-Cillin K with 0.5 Gm. of the three preferred sulfonamides.

New: V-Cillin K, Pediatric, a taste treat for young patients. In bottles of 40 and 80 cc. Each 5-cc. teaspoonful provides 125 mg. of V-Cillin K.

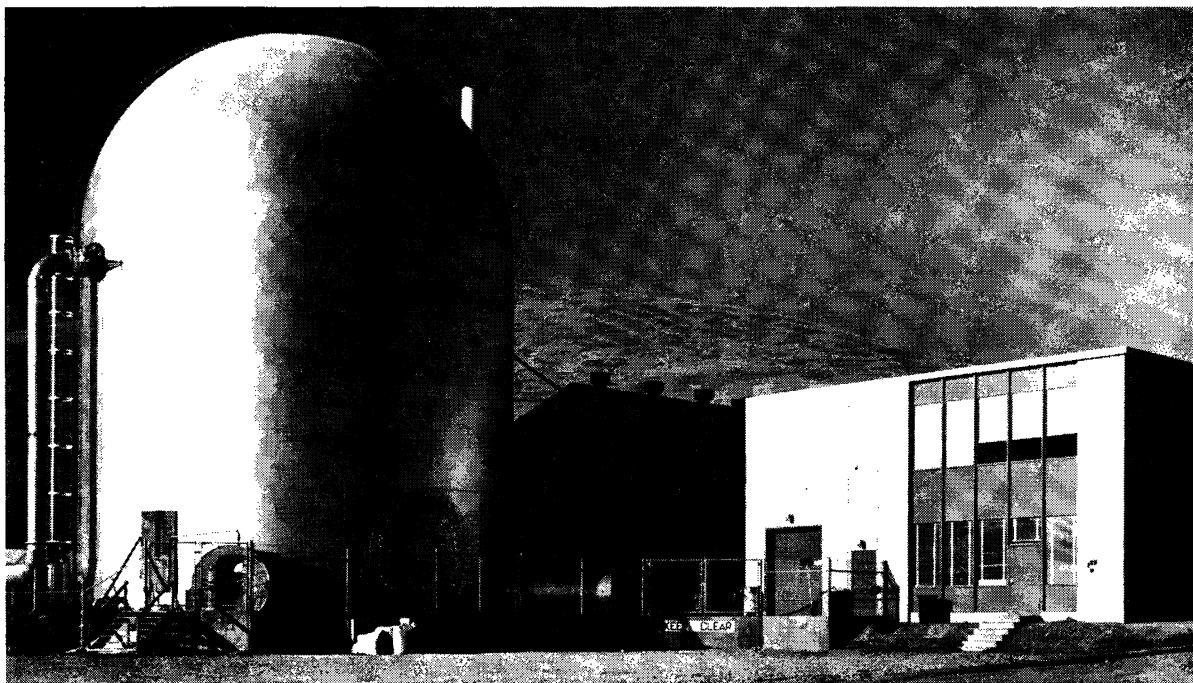
V-Cillin K® (penicillin V potassium, Lilly)

V-Cillin K® Sulfa (penicillin V potassium with triple sulfas, Lilly)

FORMULA: Each tablet contains: V-Cillin K, 125 mg. (200,000 units); Sulfadiazine, 0.167 Gm.; Sulfamerazine, 0.167 Gm.; Sulfamethazine, 0.167 Gm.

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1959 ANNUAL SESSION HIGHLIGHT

VALLECITOS ATOMIC LABORATORY TOUR

Tuesday, February 24, 1959

The second general meeting of the CMA 1959 Annual Session will be given over to a fascinating tour through the nation's largest privately financed atomic research facility. You will see General Electric Company's Vallecitos Boiling Water Reactor doing constructive, peace-time work. The reactor is being used with the Pacific

Gas and Electric Company to generate electrical energy—for sale. Here is an opportunity to become better acquainted with one of the marvels of our time. A lecturer will explain what you see as the tour progresses, and will answer your questions. Luncheon at the Old Hearst Ranch and bus fare are included in the price of the tour.

LUNCHEON SPEAKERS:

Mr. NORMAN R. SUTHERLAND, *President, Pacific Gas and Electric Company*
 Dr. RALPH D. BENNETT, *Manager, Vallecitos Atomic Laboratory*

Tickets on sale (\$5 each) at the Registration Desk

5 POSTGRADUATE COURSES

during

C.M.A. ANNUAL SESSION

February 21 to 24, 1959 • San Francisco

California Medical Association in cooperation with the Medical Schools of STANFORD UNIVERSITY and UNIVERSITY OF CALIFORNIA, San Francisco, will present five Postgraduate Courses during the Annual Session in February. These Courses, to be held in the Medical Schools, will be clinically oriented and will include case presentations.

You are invited to select the subject in which you are most interested, follow that Course, and make the 1959 Session the "Postgraduate Session with a Purpose"—time and money well spent.

• By STANFORD UNIVERSITY SCHOOL OF MEDICINE

1. **TREATMENT OF HERNIA**—9 hours. Sponsored by the CMA Sections on General Practice and Surgery.

Time: Sunday, Monday, Tuesday, February 22, 23, 24, 1959—9:00 a.m. to 12:00 noon.

Place: Stanford University Hospital.

Fee: \$25.00.

2. **NEUROLOGY FOR PHYSICIANS**—12 hours. Sponsored by C.M.A. Sections on General Practice and Neurology.

Time: Saturday and Sunday, February 21, 22, 1959—9:00 a.m. to 12:00 noon and 1:00 to 4:00 p.m.

Place: Stanford University Hospital.

Fee: \$35.00.

3. **OPHTHALMOLOGY**—4 hours. Sponsored by C.M.A. Section on Ophthalmology.

Time: Saturday, February 21, 1959—9:00 a.m. to 1:00 p.m.

Place: Stanford University Hospital.

Fee: \$10.00.

• By UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE

1. **FAMILY ENDOCRINOLOGY**—9½ hours. Sponsored by C.M.A. Sections on General Practice, Internal Medicine, Pediatrics and Obstetrics and Gynecology.

Time: Sunday, February 22, 1959—9:00 to 12:30 p.m. and 2:00 to 5:00 p.m.

Monday, February 23, 1959—9:00 to 12:00 noon.

Place: University of California Medical Center.

Fee: \$25.00.

2. **MEDICINE IN THE JET AND SPACE AGE**—7 hours.

Time: Sunday, February 22, 1959—9:00 a.m. to 12:30 p.m. and 1:30 to 5:00 p.m.

Place: University of California Medical Center.

Fee: \$15.00.

REGISTRATION

Sheraton-Palace Hotel:

Friday, February 20, 6 p.m. to 10 p.m.

Saturday, February 21, 8 a.m. to 9 p.m.

Sunday, February 22, 8 a.m. to 5 p.m.

Monday, February 23, 8 a.m. to noon.

Civic Auditorium:

Sunday, February 22, 8:30 a.m. to 5:30 p.m.

Monday, February 23, 8:30 a.m. to noon.

Color Television Program

REPAIR OF HERNIA

Tuesday, February 24, Polk Hall, Civic Auditorium

Chairman: ROY B. COHN, M.D., Associate Professor of Surgery
Stanford University School of Medicine, San Francisco

A surgical clinic demonstrating operative repair of hernia will be telecast in color from an operating room at San Francisco General Hospital to a wide screen in Polk Hall. Alternative techniques will be discussed by a panel of surgeons, and questions from the Polk Hall audience will be relayed to panel discussants and to the operating room.

The clinical program was arranged by the surgical services of the Stanford University School of Medicine and the University of California School of Medicine at San Francisco General Hospital.

Television arrangements were made by Ciba Pharmaceutical Products, Inc., and television production is under the supervision of Professional Closed Circuit Television Division of Teletalent, Inc.

**NINTH ANNUAL
REGIONAL POSTGRADUATE INSTITUTE
SAN JOAQUIN VALLEY COUNTIES**

Presented by Committee on Postgraduate Activities of the California Medical Association, in cooperation with Fresno, Madera, Kings, Tulare, Kern, Merced-Mariposa, Inyo-Mono and Stanislaus County Medical Societies and the College of Medical Evangelists, Harold M. Walton, M.D., Chairman of Graduate and Postgraduate Medicine.

Hotel Californian, Fresno

March 19 and 20, 1959

PROGRAM

THURSDAY, MARCH 19, 1959

- 9:00-10:00 a.m.—“Rectal Reconnaissance”—Malcolm R. Hill, Sr., M.D.
- 10:00-11:00 a.m.—Use and Abuse of Anticoagulants—William Paul Thompson, M.D.
- 11:15-12:30 p.m.—Two Panel Discussions (you may go to one of your choice):
- Panel I: Ano-Rectal Disease
- Panel II: Arthritis—Diagnosis and Current Treatment
- 12:30-2:00 p.m.—Luncheon—Question and Answer Seminar on Morning Session
- 2:00-3:00 p.m.—Peptic Ulcer—Diagnosis and Management—Charles J. Miller, M.D.
- 3:00-4:00 p.m.—“Sherlock Holmes in the Examining Room”—A. Warren Olson, M.D.
- 4:15-5:30 p.m.—Two Panel Discussions (you may go to one of your choice):
- Panel I: Chemotherapeutic Agents in Treatment of Malignant Disease

Panel II: Controversial Indications for Hysterectomy

5:30-6:30 p.m.—No Host Cocktail Hour

FRIDAY, MARCH 20, 1959

- 9:00-10:00 a.m.—Jaundice in the Newborn—Robert F. Chinnoek, M.D.
- 10:00-11:00 a.m.—Pediatric Urology—Roger W. Barnes, M.D.
- 11:15-12:30 p.m.—Two Panel Discussions (you may go to one of your choice):
- Panel I: Office Problems in Pediatrics
- Panel II: Diabetes—Newer Drugs—Clinical Use
- 12:30-2:00 p.m.—Luncheon—Question and Answer Seminar on Morning Session
- 2:00-3:00 p.m.—Cor Pulmonale—Edward C. Rosenow, Jr., M.D.
- 3:00-4:00 p.m.—Problems in Treatment of Common Skin Disorders—Molleurus Couperus, M.D.
- 4:15-5:30 p.m.—Panel: Pitfalls in Interpretation of Laboratory Tests

HOST: Fresno County Medical Society . . . **REGIONAL CHAIRMAN:** Owen K. Steinbach, M.D., 3004 North Fresno Street, Fresno 3, California . . . **Institute Fee:** \$25.00. For additional information, contact Postgraduate Activities office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5. **All California Medical Association members and their families are cordially invited to attend.**

POSTGRADUATE EDUCATION NOTICES

THIS BULLETIN of the dates of postgraduate education programs and the meetings of various medical organizations in California is supplied by the Committee on Postgraduate Activities of the California Medical Association. In order that they may be listed here, please send communications relating to your future medical or surgical programs to: Mrs. Margaret H. Griffith, Director, Postgraduate Activities, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5.

UNIVERSITY OF CALIFORNIA AT LOS ANGELES

Medical Terminology for Medical Center Personnel. Tuesdays and Thursdays, February 24 through May 28. Twenty-six hours. Fee: \$8.00.

Research in Nursing. Tuesdays, March 3 through June 9. Thirty hours. Fee: \$25.00.

Medical Mycology for Laboratory Technologists. Wednesdays, March 4 through April 22. Twenty-four hours. Fee: \$50.00.

Ear, Nose and Throat. Friday and Saturday, March 13 and 14. Six hours.*

Diagnostic Radiology. Friday and Saturday, March 20 and 21. Twelve hours. Fee: \$55.00 (includes lunch).

Management of Sports Injuries. Wednesday and Thursday, March 25 and 26. Six hours. Fee: \$10.00.

Steroids. Friday and Saturday, April 3 and 4. Six hours. Fee: \$12.50.

Current Developments in Nutrition (Arrowhead). Friday, Saturday and Sunday, April 24, 25 and 26. Ten hours. Fee: \$50.00 (includes board and room).

Clinical Laboratory Techniques. Thursday, Friday and Saturday, May 21, 22 and 23. Nine hours.*

Clinical Traineeships—Anesthesia. Dates by arrangement. Minimum period—two weeks. Fee: Two weeks, \$150.00; four weeks, \$250.00.

Contact: Thomas H. Sternberg, M.D., Assistant Dean for Postgraduate Medical Education, U.C.L.A., Los Angeles 24. BRadshaw 2-8911, Ext. 7114.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Advances in Psychiatric Nursing. Thursday evenings, March 12 through April 30. Sixteen hours. Fee: \$15.00.

Diagnostic Radiology. Friday through Tuesday, March 20 through March 24. Thirty-five hours. Fee: \$80.00.

Immunization (Children's Hospital). Saturday, March 21. Seven hours.*

Enzymes—Basic and Clinical Aspects. Thursday, Friday and Saturday, April 2, 3 and 4. Twenty-one hours.*

Nursing in Rehabilitation. Monday to Friday, April 27 through May 15. One hundred and five hours. No fee.

Ear-Nose-Throat. Friday and Saturday, May 15 and 16. Fourteen hours. Fee: \$40.00.

Fundamental Practices of Radioactivity and the Diagnostic and Therapeutic Uses of Radioisotopes. Two or three month course limited to one enrollee per month. Fee: \$350.00.

*Fees to be announced.

Contact: Seymour M. Farber, M.D., Assistant Dean, Department of Continuing Medical Education, University of California Medical Center, San Francisco 22. MOnTrose 4-3600, Ext. 665.

STANFORD UNIVERSITY SCHOOL OF MEDICINE

Morning Clinical Conferences, each Monday, Room 515. *Contact:* D. H. Pischel, M.D., Professor, Division of Ophthalmology, Stanford University School of Medicine, 2398 Sacramento St., San Francisco 15.

Symposium on Adrenal Steroids. Friday and Saturday, March 27 and 28. Twelve hours.*

UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES

Cardiac Resuscitation. Sponsored by the Los Angeles County Heart Association each Wednesday throughout the year, 4 to 6 p.m. USC Medical Research Building, Room 211, 2025 Zonal Avenue. Residents and interns of Los Angeles County, and all armed forces medical personnel admitted without fee. Tuition for all other physicians \$30.00. (Each session all-inclusive.)

Basic Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Physicians may register at any time and receive all 52 issues. Fifty-two weeks. Fee: \$100.00.

Advance Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Fifty-two issues: \$85.00. Physicians may register at any time.

Fluid and Electrolyte Balance. March 20 through 22. Hotel Statler, Los Angeles. In addition to introductory lectures, there will be supervised practice on cases which demonstrate electrolyte and water imbalance. Tuition: \$75.00.

SPECIAL ANNOUNCEMENT: Last summer a postgraduate refresher course held in Hawaii was so successful that the USC School of Medicine will offer another refresher course in Hawaii and on board the S.S. *Lurline* from July 29 to August 14. (As a time and money saver, round trip air travel is also possible July 29 to August 10.)

Contact: Phil R. Manning, M.D., Associate Dean and Director, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 33. Capital 5-1511.

COLLEGE OF MEDICAL EVANGELISTS

GENERAL SURGERY AND SURGICAL SPECIALTIES. Full-Time Basic Science Course. Accredited by the American Board of Surgery.

Surgical Anatomy—Head and Neck (14 periods, 63 hours), April 22 through June 3. Tuition: \$75.00.

Surgical Anatomy—Head and Neck (12 periods, 24 hours), April 22 through June 3. Tuition: \$35.00.

1959 Alumni Postgraduate Convention. Refresher Courses, March 8 and 9 at 1720 Brooklyn Avenue; Scientific Assembly, March 10, 11 and 12 at Biltmore Hotel. *Contact:* Walter Crawford, executive secretary, 316 North Bailey Street, Los Angeles 33.

Each Six Months. Anesthesiology (6 months, full-time). Vacancy occurs each six months. Limited to 2 students. Tuition: \$350.00.

For information contact: Chairman: Committee on Postgraduate Medicine, College of Medical Evangelists, 1720 Brooklyn Ave., Los Angeles 33.

CALIFORNIA MEDICAL ASSOCIATION POSTGRADUATE COURSES

ANNUAL SESSION POSTGRADUATE COURSES

BY STANFORD UNIVERSITY SCHOOL OF MEDICINE:

Ophthalmology. 4 hours. Saturday, February 21, 9:00 a.m. to 1:00 p.m. at Stanford University Hospital.

Neurology for Physicians. 12 hours. Saturday and Sunday, February 21 and 22, 9:00 a.m. to 12 noon and 1:00 p.m. to 4:00 p.m. at Stanford University Hospital.

Treatment of Hernia. 9 hours. Sunday, Monday and Tuesday, February 22, 23 and 24, 9:00 a.m. to 12 noon at Stanford University Hospital.

BY UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE:

Medicine in the Jet and Space Age. 7 hours. Sunday, February 22, 9:00 a.m. to 12:30 p.m. and 1:30 p.m. to 5:00 p.m. at University of California Medical Center.

Family Endocrinology. 9½ hours. Sunday, February 22, 9:00 a.m. to 12:30 p.m. and 2:00 p.m. to 5:00 p.m. Monday, February 23, 9:00 to 12 noon at University of California Medical Center.

POSTGRADUATE INSTITUTES

SAN JOAQUIN VALLEY COUNTIES in cooperation with College of Medical Evangelists, March 19 and 20, Hotel California, Fresno. Chairman: Owen Steinbach, M.D., 3004 Fresno St., Fresno.

SOUTHERN COUNTIES in cooperation with University of California, San Francisco, April 23 and 24, Disneyland. Chairman: E. F. Cain, M.D., 200 N. Palm, Anaheim.

WEST COAST COUNTIES in cooperation with Stanford University School of Medicine, May 14 and 15, La Playa Hotel and Golden Bough Theater, Carmel. Chairman: Chester G. Moore, Jr., M.D., 440 E. Romie Lane, Salinas.

NORTH COAST COUNTIES in cooperation with UCLA School of Medicine, June 5 and 6, Hoberg's Ranch, Lake County. Chairman: Lee Zieber, M.D., 1177 Montgomery Dr., Santa Rosa.

SACRAMENTO VALLEY COUNTIES in cooperation with University of Southern California School of Medicine, June 25 and 26, Tahoe Tavern, Lake Tahoe. Chairman: Robert H. Quillinan, M.D., 616 Alhambra Blvd., Sacramento.

POSTGRADUATE CIRCUIT COURSES

SACRAMENTO VALLEY CIRCUIT for Dunsmuir, Chico, Marysville and Auburn, in cooperation with Stanford University School of Medicine, begins week of March 2.

NORTH COAST CIRCUIT for Eureka, Ukiah and Napa, in cooperation with University of California, San Francisco, School of Medicine. Begins week of March 2.

Contact: One of the chairmen listed above, or Postgraduate Activities Office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5.

AUDIO DIGEST FOUNDATION, a nonprofit subsidiary of the C.M.A., now offers (on a subscription basis) a series of hour-long tape recordings designed to keep the physician abreast of current happenings in his particular

field. Composed of practice-useful abstracts from 600 leading journals, with short lectures and editorial comments from prominent physicians, Audio Digest offers programs covering general practice, surgery, internal medicine, obstetrics and gynecology, and pediatrics.

AUDIO-DIGEST plans to begin a new series of programs covering the specialty of Anesthesiology. The first of these will be issued early this year. Those wishing to be charter subscribers to this tape-recorded review of what is new and important in the field of Anesthesiology should write to Mr. Claron L. Oakley, Editor, 1919 Wilshire Boulevard, Los Angeles 57, Hubbard 3-3451, for order form and further information.

Contact: Claron L. Oakley, editor, 1919 Wilshire Blvd., Los Angeles 57.

Medical Dates Bulletin

FEBRUARY MEETINGS

ALAMEDA-CONTRA COSTA MEDICAL ASSOCIATION and the **INSTITUTE FOR METABOLIC RESEARCH** Seventh Annual Symposium on Metabolic Problems. All day, February 16 through February 18, 1959. Auditorium, Highland-Alameda County Hospital, Oakland, California. *Contact:* L. W. Kinsell, M.D., director, Institute for Metabolic Research, 2701 14th Avenue, Oakland 6.

AMERICAN COLLEGE OF CHEST PHYSICIANS Fourth Annual Postgraduate Course on Diseases of the Chest, February 16 through February 20, 1959. Sir Francis Drake Hotel, San Francisco, California. *Contact:* Executive director, American College of Chest Physicians, 112 East Chestnut Street, Chicago 11, Illinois.

CANCER COMMISSION, CALIFORNIA MEDICAL ASSOCIATION Cancer Conference for Sacramento Society for Medical Improvement, February 17, Sacramento.*

BAKERSFIELD SURGICAL SOCIETY Meeting, February 19, 8:30 p.m., at Paola's. *Contact:* Chas. P. Marvin, M.D., 2628 G Street, Bakersfield.

CALIFORNIA CHAPTER, AMERICAN COLLEGE OF CHEST PHYSICIANS Annual Meeting, February 21, 9 to 5, Sheraton-Palace Hotel, San Francisco. *Contact:* Elmer C. Rigby, M.D., president, 1930 Wilshire Boulevard, Los Angeles 57.

CALIFORNIA MEDICAL ASSOCIATION Annual Meeting, February 22 through February 25, 1959, Sheraton-Palace Hotel, San Francisco. *Contact:* John Hunton, executive secretary, 450 Sutter Street, San Francisco 8; or Ed Clancy, director of Public Relations, 2975 Wilshire Blvd., Los Angeles 5.

CANCER COMMISSION, CALIFORNIA MEDICAL ASSOCIATION Cancer Conference for MENDOCINO-LAKE COUNTIES MEDICAL SOCIETY. February 26, Ukiah.*

MARCH MEETINGS

FRESNO, MADERA, KINGS COUNTIES CHAPTER, CALIFORNIA ACADEMY OF GENERAL PRACTICE, One day Symposium, March 6, 8 to 5, Hacienda Motel, Fresno. *Contact:* Paul R. Brother, M.D., president, Fresno Chapter, 3227 Mayfair Boulevard, Fresno 3.

AMERICAN COLLEGE OF ALLERGISTS, March 15 through March 20, Fairmont Hotel, San Francisco. *Contact:* M. Coleman Harris, M.D., Secretary, 450 Sutter St., San Francisco 8.

**Contact:* Walter E. Batchelder, M.D., Medical Director, C.M.A. Cancer Commission, 450 Sutter Street, San Francisco 8.

CANCER COMMISSION, CALIFORNIA MEDICAL ASSOCIATION Cancer Conference for Kern County Medical Society, March 7, Bakersfield.*

PIONEERS MEMORIAL HOSPITAL 9th Annual Postgraduate Medical and Surgical Convention. March 20 and 21, program by University of Colorado Medical School. *Contact:* George Jaquith, M.D., Secretary, Route 1, Box 70, Brawley, Calif.

NEVADA DIVISION, AMERICAN CANCER SOCIETY First Annual Seminar, March 25 and 26, Riverside Hotel, Reno. *Contact:* Ralph Nelson, executive director, P. O. Box 55, Carson City, Nevada.

SAN FRANCISCO HEART ASSOCIATION Nurses Institute "Care of the Cardiac Patient," March 25 and 26, 8:30 a.m. to 3:30 p.m., Marina Jr. High School, 3500 Fillmore Street, San Francisco. *Contact:* Jean Sullivan, program director, 259 Geary Street, San Francisco.

AMERICAN ORTHOPSYCHIATRIC ASSOCIATION 36th Annual Meeting, March 30 through April 1, Sheraton-Palace Hotel, San Francisco. *Contact:* Donald Shaskan, M.D., chairman, Arrangements Committee, Veterans Administration, 49 Fourth St., San Francisco 3.

APRIL MEETINGS

AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION 5th Annual Western Regional Meeting. April 2 and 3, Sheraton-Palace Hotel, San Francisco. 9:00 a.m. to 5:00 p.m. each day. *Contact:* H. S. Morgenstern, M.D., Langley-Porter Clinic, University of California Medical Center, San Francisco 22.

CALIFORNIA TUBERCULOSIS AND HEALTH ASSOCIATION and CALIFORNIA TRUDEAU SOCIETY Annual Meeting, April 2 through 4, Villa Motor Hotel, San Mateo. *Contact:* Mrs. Mary C. French, 130 Hayes Street, San Francisco.

AMERICAN ACADEMY OF GENERAL PRACTICE. April 6 through 9, San Francisco. *Contact:* Mr. M. F. Cahal, Executive Secretary, Volker Blvd. at Brookside, Kansas City 12, Missouri.

LOS ANGELES COUNTY HEART ASSOCIATION Workshop on Work Simplification Techniques for Physicians, Nurses, Occupational Therapists, Physical Therapists, Dietitians, Social Workers. April 7, 1959, Southern California Gas Co., 810 South Flower Street, Los Angeles, 9 a.m. to 4:30 p.m. *Contact:* Rea M. Schneider, M.D., Chairman, Heart of the Home Subcommittee, 660 S. Western Avenue, Los Angeles 5.

AMERICAN ACADEMY OF PEDIATRICS Spring Meeting, April 13 to April 15, Sheraton-Palace Hotel, San Francisco. *Contact:* Charles H. Cutler, M.D., state chairman, Northern California Chapter, 2615 I Street, Sacramento.

AMERICAN ACADEMY OF NEUROLOGY. April 13 through 18, Statler Hotel, Los Angeles. *Contact:* Joseph M. Foley, M.D., Boston City Hospital, Boston, Secretary.

CANCER COMMISSION, CALIFORNIA MEDICAL ASSOCIATION Cancer Conference for VENTURA COUNTY MEDICAL SOCIETY. April 14, Oxnard.*

AMERICAN SURGICAL ASSOCIATION. April 15 through 17, Fairmont Hotel, San Francisco. *Contact:* W. A. Altemeier, M.D., Secretary, Cincinnati General Hospital, Cincinnati 29.

PALO ALTO MEDICAL CLINIC Second Annual Medical Symposia: Cardiology and Immunology, April 18, 8:30

a.m., Clinic Auditorium. *Contact:* John F. Weigen, M.D., program chairman, Palo Alto Medical Clinic, Palo Alto, Calif.

AMERICAN SOCIETY OF INTERNAL MEDICINE 3rd Annual Meeting. April 19, Conrad Hilton Hotel, Chicago. *Contact:* Clyde C. Greene, Jr., M.D., Assistant Secretary-Treasurer, 350 Post Street, San Francisco 8.

AMERICAN COLLEGE OF PHYSICIANS Meeting, Conrad Hilton Hotel, Chicago, April 20-24, 1959. *Contact:* Mr. E. R. Loveland, Executive Secretary, 4200 Pine Street, Philadelphia 4.

HAWAII MEDICAL ASSOCIATION Annual Meeting, April 23 through 25, Hilo. *Contact:* Miss Lee McCaslin, Executive Secretary, 510 S. Beretania Street, Honolulu 13.

MAY MEETINGS

LOS ANGELES COUNTY HEART ASSOCIATION Annual Membership Meeting, May 6, 12 noon, Statler Hotel. *Contact:* C. A. Alexander, executive director, 660 S. Western Avenue, Los Angeles 5.

THE NEVADA ACADEMY OF GENERAL PRACTICE Annual Meeting, May 21 through 23, Riverside Hotel, Reno. Program by University of Southern California School of Medicine. *Contact:* Roy M. Peters, M.D., Chairman, 475 S. Arlington Avenue, Reno, Nevada.

CALIFORNIA HEART ASSOCIATION Annual Meeting, May 22 through May 24, 1959. Scientific Session and Directors Meeting, Lafayette Hotel, Long Beach. *Contact:* J. Keith Thwaites, executive director, 1428 Bush Street, San Francisco 9.

SUMMER AND FALL MEETINGS

WESTERN BRANCH, AMERICAN PUBLIC HEALTH ASSOCIATION Annual Meeting. June 2 through 5, Sheraton-Palace Hotel, San Francisco. *Contact:* Mrs. L. Amy Darter, secretary-treasurer, 2151 Berkeley Way, Berkeley 4.

ROCKY MOUNTAIN CANCER CONFERENCE, Scientific only, July 22 through 23, 9:00 a.m., Brown Palace Hotel, Denver. *Contact:* N. Paul Isbell, M.D., Chairman, 835 Republic Building, Denver 2, Colorado.

NEVADA STATE MEDICAL ASSOCIATION, Annual Session, jointly with Reno Surgical Society, August 19 through 22, Mapes Hotel, Reno. *Contact:* Nelson B. Neff, executive secretary, P. O. Box 188, Reno.

SAINT JOHN'S HOSPITAL Postgraduate Assembly, September 10 through 12, Saint John's Hospital, Santa Monica. *Contact:* John C. Eagan, M.D., director, Postgraduate Assembly, 1328 22nd Street, Santa Monica.

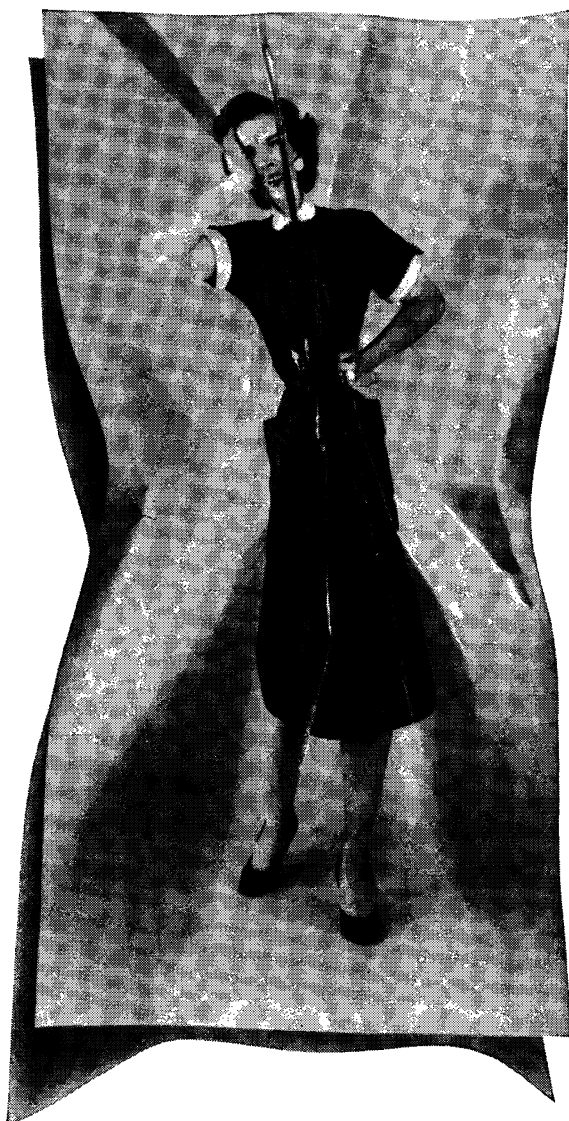
WASHINGTON STATE MEDICAL ASSOCIATION Annual Meeting, September 13 through 16, Olympic Hotel, Seattle, Washington. *Contact:* Ralph W. Neill, Executive Secretary, 1309 Seventh Avenue, Seattle, Washington.

WESTERN INDUSTRIAL MEDICAL ASSOCIATION, Inc. 18th Annual Meeting, held in conjunction with Third Western Industrial Health Conference, all day October 2 and 3, Statler Hotel, Los Angeles. *Contact:* A. C. Remington, M.D., medical director, AiResearch Mfg. Co., 9851 Sepulveda Blvd., Los Angeles 45.

CALIFORNIA SOCIETY OF INTERNAL MEDICINE Annual Meeting, October 2 through 4, Miramar Hotel, Santa Barbara. *Contact:* Mrs. Mildred B. Coleman, Executive Secretary, or Clyde C. Greene, Jr., M.D., Secretary-Treasurer, 350 Post Street, San Francisco 8.

**Contact:* Walter E. Batchelder, M.D., Medical Director, C.M.A. Cancer Commission, 450 Sutter Street, San Francisco 8.

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References: 1. Hart, D.; Bagnall, A. W.; Bunim, J. J., and Polley, F. H.: Ninth International Congress on Rheumatic Diseases, Toronto, Ont. (June 25) 1957. 2. Report of Joint Committee, Medical Research Council & Nuffield Foundation, Treatment of Rheumatoid Arthritis, British Medical Journal (April 13) 1957. 3. Friend, D. G.: New England J. Med. 257:278 (Aug.) 1957.

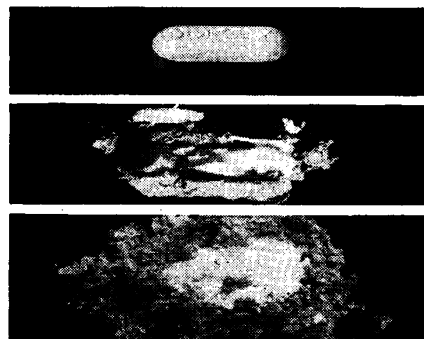
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Acetylsalicylic acid (5 gr.).....	300 mg.
Para-aminobenzoic acid (5 gr.).....	300 mg.
Ascorbic acid.....	50 mg.
Dried aluminum hydroxide gel.....	100 mg.

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Azotrex

rapid relief of pain

Specific urinary analgesic action of *phenylazo-diamino-pyridine HCl*—long noted as the standard G.U. tract analgesic—offers dramatic relief of painful symptoms. Visual confirmation of prompt action is the change in the color of urine the patient sees shortly after taking his first capsules of AZOTREX.

early control of infection

Combined activity of TETREX (*tetracycline phosphate complex*) and Sulfamethiazole offers unusually effective control of the gram-negative and gram-positive bacterial components identified in a great number of acute and chronic infections of the urinary tract. AZOTREX is especially indicated in mixed infections.

TETREX is the rapid and efficiently absorbed oral form of the antibiotic well-known for its broad-spectrum activity; singular freedom from such dangerous toxic reactions as blood dyscrasias, renal toxicity, hepatitis, neurotoxicity, anaphylaxis; and minimal undesirable side effects. TETREX is effective against a wide

variety of organisms, including *streptococci*, *staphylococci*, *pneumococci*, *gonococci*, *E. coli*, *A. aerogenes*, *Shigella*. The excellent clinical results achieved with Sulfamethiazole in urinary tract infections¹ are based on its remarkably high solubility (130X as soluble as sulfadiazine—the standard of comparison in sulfa therapy), low degree of acetylation in urine (only 5-7%), rapid and complete urinary excretion². . . and broad-range usefulness, particularly in those patients sensitive to other sulfonamides.³ Sulfamethiazole is effective against sulfonamide-sensitive organisms, including *E. coli*, streptococci, pneumococci, *B. faecalis*, gonococcus.

With regard to *B. proteus*, *Pseudomonas* and *Aerobacter aerogenes* results are unpredictable and sensitivity determinations are necessary to determine beforehand the effectiveness of any sulfonamide or antibiotic. Well-tolerated, with a wide margin of clinical safety, AZOTREX offers unsurpassed antibacterial treatment of urinary tract infections due to sulfonamide-sensitive and tetracycline-sensitive organisms.

an excellent choice in G.U. infections

Azotrex[®]

TETRACYCLINE—SULFONAMIDE—ANALGESIC

Azotrex Capsules

each capsule contains:

TETREX (tetracycline phosphate complex equivalent to tetracycline HCl activity) 125 mg.
Sulfamethiazole 250 mg.
Phenylazo-diamino-pyridine HCl 50 mg.

minimum adult dose:

One capsule q.i.d.


supplied:

Bottles of 24 and 100 Capsules.

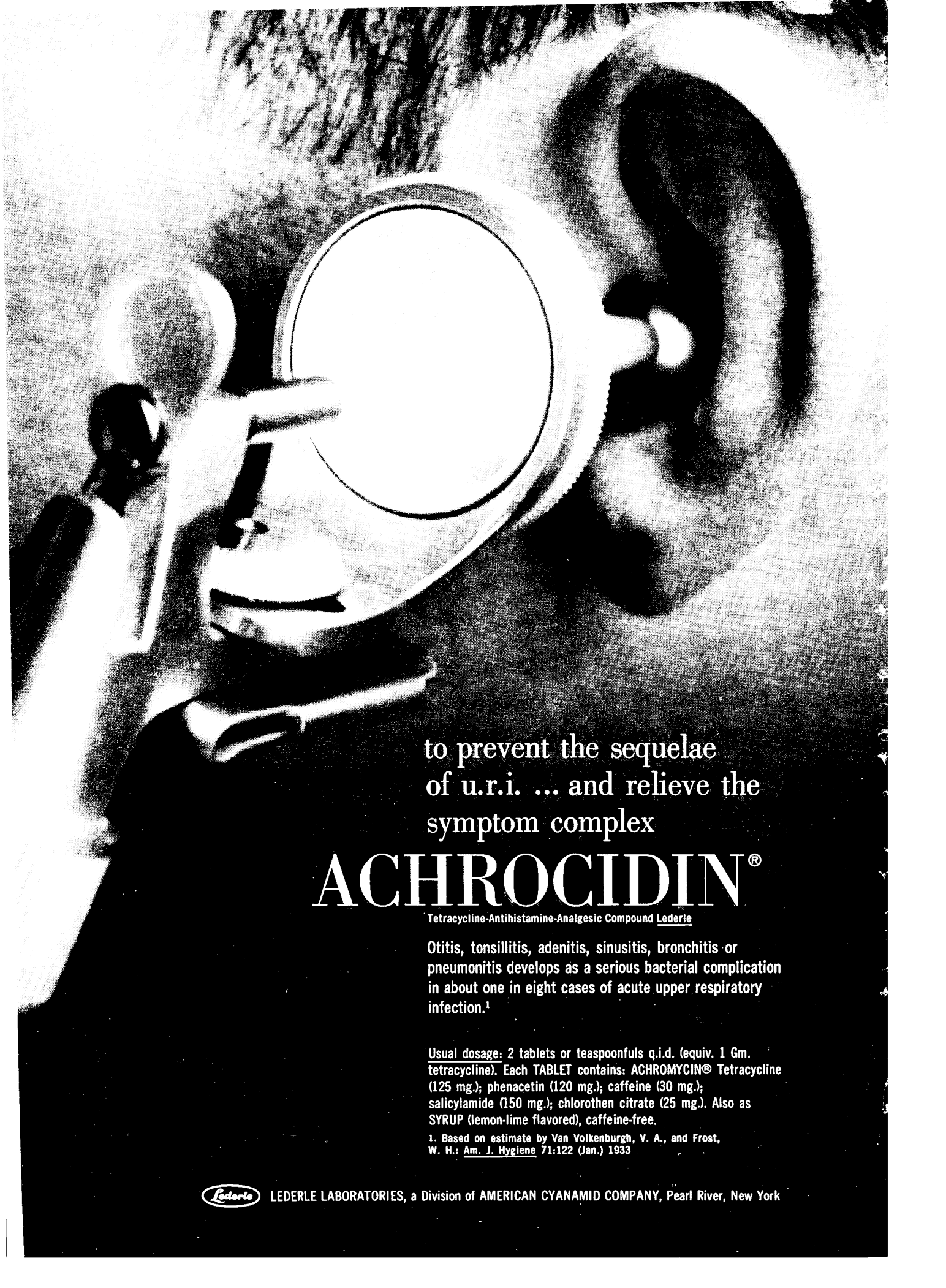
References: 1. Buckwalter, F. H. and Cronk, G. A.: Antibiotic Med. & Clin. Ther. 5:46-51 (Jan.) 1958. 2. Osol, A., and Farrar, G. E., Jr., eds.: The Dispensatory of the United States of America. 25th Edition, Philadelphia, J. B. Lippincott Co., 1955, p. 1881. 3. Council on Pharmacy and Chemistry. J.A.M.A. 161:971 (July 7) 1956.





GERALIN-the  one-capsule-daily comprehensive dietary supplement: for older patients at a savings they'll appreciate! vitamins... minerals... lipotropics amino acids... bioflavonoids

One Geralin capsule contains: Vitamin A, 5,000 U.S.P. Units; Vitamin D, 500 U.S.P. Units; Thiamine Mononitrate, 5 mg.; Riboflavin, 2.5 mg.; Niacin, 15 mg.; Ascorbic Acid, 50 mg.; Pyridoxine HCl, .5 mg.; Calcium Pantothenate, 5 mg.; Folic Acid, .1 mg.; Vitamin E (from d-alpha Tocopheryl Acetate Conc.), 5 I.U.; Vitamin B₁₂, 2 mcg.; Intrinsic Factor Conc. (with Vitamin B₁₂), .1 Unit; Calcium (as CaHPO₄), 135 mg.; Phosphorus (as CaHPO₄), 105 mg.; Iron (as FeSO₄), 10 mg.; Cobalt (as CoSO₄), .05 mg.; Copper (as CuSO₄), .1 mg.; Zinc (as ZnSO₄), .1 mg.; Manganese (as MnSO₄), .1 mg.; Molybdenum (as Na₂MoO₄), .1 mg.; Magnesium (as MgSO₄), .25 mg.; Potassium (as K₂SO₄), 5 mg.; Iodine (as KI), .2 mg.; Fluorine (as NaF), .025 mg.; Choline Bitartrate, .50 mg.; Inositol, 12.5 mg.; Liver, whole, desic., 12.5 mg.; L-Glutamic Acid, 50 mg.; L-Lysine, 25 mg.; Citrus Bioflavonoids Complex, 25 mg.



to prevent the sequelae
of u.r.i. ... and relieve the
symptom complex

ACHROCIDIN[®]

Tetracycline-Antihistamine-Analgesic Compound Lederle

Otitis, tonsillitis, adenitis, sinusitis, bronchitis or
pneumonitis develops as a serious bacterial complication
in about one in eight cases of acute upper respiratory
infection.¹

Usual dosage: 2 tablets or teaspoonfuls q.i.d. (equiv. 1 Gm.
tetracycline). Each TABLET contains: ACHROMYCIN[®] Tetracycline
(125 mg.); phenacetin (120 mg.); caffeine (30 mg.);
salicylamide (150 mg.); chlorothen citrate (25 mg.). Also as
SYRUP (lemon-lime flavored), caffeine-free.

¹. Based on estimate by Van Volkenburgh, V. A., and Frost,
W. H.: Am. J. Hygiene 71:122 (Jan.) 1933



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Specific

FOR RELIEF OF ANXIETY
AND MUSCLE TENSION

Selective

Does not interfere with autonomic function

Does not impair mental efficiency,
motor control, or normal behavior

Has not produced hypotension,
agranulocytosis or jaundice

Miltown[®] MEPROBAMATE (WALLACE)

Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets.

 WALLACE LABORATORIES, New Brunswick, N. J.

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CLASSIFIED ADVERTISEMENTS

(Continued from Front Advertising Section, Page 22)

SITUATIONS WANTED (Continued)

GENERAL SURGEON, 33, Board eligible, veteran, married, California licensed, desires location in California in group, or with another surgeon, preferably suburban area, or coastal city. Available July 1959. Box 94,410, California Medicine.

RESIDENT WANTED

SENIOR SURGICAL RESIDENT. For 400-bed accredited County General Hospital in community offering pleasant living within 2-hour drive of San Francisco. Surgical staff approved for preceptorship by American Board of General Surgery. Hospital has 8 A.M.A. approved general residency positions. California license or eligibility and 3 years experience. Good stipend. Contact Medical Director, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

LOCUM TENENS WORK WANTED

PEDIATRICIAN—California license. Board certified 1936. Would care for your practice for any period from May 15 to October 15, 1959. Box 95,595, California Medicine.

PRACTICES FOR SALE

CALIFORNIA—SOUTHERN: Coastal city, active general practice, well equipped office, complete X-ray, reasonable rent: Grossing \$45,000.00. Terms. Excellent year-around climate. Box 94,620, California Medicine.

UNOPPOSED GENERAL PRACTICE, San Jose Area, rapidly growing with Lockheed employees; asking \$5,000 for equipment, records, and introductions. Very easy terms. Beautiful community at foothills of mountains. Three excellent open-staffed hospitals 5 miles away. Completely new seven-room office available. Annual gross \$25,000. Box 94,680, California Medicine.

FOR SALE

GENERAL PRACTITIONER'S OFFICE EQUIPMENT. Everything needed to begin practice, in excellent condition, 2 years old. Includes Hamilton examining table, pediatric table, microscope, autoclave, desk and file, small equipment and supplies, waiting room chairs. Total \$2,100 cash. List available on request. Write Virginia Malcolm, M.D., Rt. 2, Box 55, Lakeside, California.

EQUIPMENT WANTED

WANTED: SURGICAL TABLE suitable for Sigmoidoscopy. Stare condition, type, price. Address reply to: Business Manager, Northchester Medical Group, 2020 North Chester Avenue, Bakersfield, California.

REAL ESTATE FOR SALE

NORTHERN CALIFORNIA—Fully equipped thirteen-room Medical Building, and practice. Exceptional opportunity, also residence, 3 bedrooms and 2 baths; adjacent, but not attached to Medical Building. Both can be financed. Box 94,640, California Medicine.

APARTMENT FOR RENT

WE CATER TO DOCTORS; convenient to hospitals. Two bedrooms, carpeted, draped, kitchen built-ins, washer and dryer, carpets, heated pool. Will furnish. 245 South Avenue 50, Los Angeles, California. Telephone Manager—CLinton 5-7117.

OFFICES FOR SALE, RENT OR LEASE

RADIOLOGY OFFICE, DIAGNOSIS AND THERAPY. New medical building, 7232 Van Nuys Boulevard, Van Nuys, California. Now occupied by 15 established M.D.'s (Specialists). Building expansion planned. POplar 3-7301.

FOR RENT: AVAILABLE AT ONCE—Suite in new Medical Building, Mill Valley, Southern Marin County, California. Excellent opening for pediatrician. Off-street parking. I. N. Tucker, M.D., 25 Evergreen Street, Mill Valley, California. DUUnlap 8-5164.

MEDICAL SUITE, 893 Sir Francis Drake Boulevard. Part or entire suite available. Downtown San Anselmo. Telephone GLENwood 3-7501.

GILBERT MEDICAL CENTER—Medical suites available, new building, individually air-conditioned and heated, ample parking. Ideal location for Specialists. Directly across street from hospital, several General Practitioners in nearby buildings. Telephone TAYlor 8-2460 collect, or write M. Bowman, 925 South Gilbert, Suite #4, Anaheim, California.

ANAHEIM—New Medical suites in an ideal location. Individually air-conditioned and FM furnished. Premises has 6 suites, a pharmacy, and adequate parking area. Contact William Kort, D.D.S., 601 South Palm Street, Anaheim, California. Telephone PROspect 2-0630, collect.

SANTA ANA — SOUTHERN CALIFORNIA — MEDICAL SUITE FOR LEASE. New, modern, architecturally designed and air-conditioned. Exceptionally beautiful building in a desirable residential neighborhood, corner location. Other suite occupied by well-established dentist. Successful practice assured conscientious doctor. Contact J. J. Krueger, D.D.S., 1126 North Flower Street, Santa Ana, California. KI 2-8218.

OFFICE FOR LEASE FOR GENERAL PRACTITIONER: Located in fast growing North Sacramento area. Very attractive three-office medical building on ground floor, with extensive landscaping and parking facilities. The other two offices are occupied by a General Practitioner and Dentist. Suite consists of seven rooms and waiting room, X-rays facilities are also available. For additional information contact W. D. Garcelon, M.D., 1937 El Monte Avenue, North Sacramento 15, California.

OFFICE SPACE IN SUPERIOR CALIFORNIA'S fastest growing city. Refrigeration cooling. Heated. Excellent parking. Large consultation room with two examining rooms. Share receptionist-bookkeeper and laboratory technician and waiting room. Psychiatrist could rent just the consultation room if desired, or Internist could use the whole suite. Reasonable. Herbert W. Jenkins, M.D., 807 - 30th Street, Sacramento 16, California. Telephone: GILbert 8-3281.

FOR RENT IN PALO ALTO, a medical suite. Immediately available in most desirable location of city; 1100 sq. ft. Building is modern, 3½ years old with attractive landscaping; off-street parking facilities. Suite #1, 850 Middlefield Road, Palo Alto, California. Telephone: DAvenport 4-0056.

PALO ALTO NEW MEDICAL DENTAL SUITES NOW READY. Alma Street and East Meadows Drive. Very attractive building on ground floor within extensive landscaped area. Ample off-street parking, and located in fast growing section away from congestion. Air conditioned. E. J. Nackord, Owner. P. O. Box 601, San Carlos. Descriptive brochure available. Telephone LY 1-0986.

SAN JOSE—NOW LEASING individually air-conditioned suites in new one-story Medical-Dental Building located on choice corner of new shopping center with ample off-street parking in good residential area. Carlton Wood, 16199 Hillvale Avenue, Los Gatos, California. ELgato 4-1397.

C.M.A. ANNUAL SESSION

REGISTRATION

Registration and information desks are located in the Main Arena, Civic Auditorium. All members, guests, and visitors are requested to register immediately on arrival. There is no charge for registration except for Postgraduate Courses. Registration desks are open 8:30 a.m. to 5:30 p.m. Sunday through Wednesday. Admission to the general and section sessions and exhibit areas is by badge only.

Betadine®

BRAND OF POVIDONE-IODINE

UNSURPASSED BROAD-RANGE
GERMICIDAL SPRAY



...confirmed in 100 surgical "prepping" procedures¹

"The area was wiped dry (after the usual shave, wash, etc.) and povidone-iodine [BETADINE] sprayed over an adequate surface. Bacteriological cultures taken from the sites before and after operation indicated that all pathogens were eliminated by this procedure, the only remaining organisms being saprophytes and diphtheroids."

...confirmed in 200 emergency suture cases¹

"The wounds were cleansed of all foreign material, debrided and sprayed with povidone-iodine [BETADINE] prior to suture...All wounds healed *per primam* without side reactions or evidence of local irritation."

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pathogenic bacteria
viruses
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yeasts

- *prolonged release of effective germicidal action*
...will not lead to the development of resistant strains
- *unique film-forming property protects against invading pathogens...effective against Staph. aureus and other organisms resistant to tropical antibiotics*
- *virtually non-irritating to skin and mucosa*

1. Garnes, A. L.; Davidson, E.; Taylor, L. E.; Felix, A. J.; Shidlovsky, B. A., and Prigot, A.: Clinical Evaluation of Povidone-Iodine Aerosol Spray in Surgical Practice, *Am. J. Surg.*, 97:49 1959.

Available: BETADINE Aerosol in 3-oz. bottles.

BETADINE Antiseptic Solution in 8 and 16-oz. bottles.

More detailed information upon request.



TAILBY-NASON COMPANY, INC. DOVER, DELAWARE

established in 1905

DYNAMIC IN BOTH BASIC

DIAMOX

Acetazolamide Lederle

1 SINGLE DRUG CONTROL OF SIMPLE EDEMA

DIAMOX mobilizes excess tissue fluids through simple but dynamic bicarbonate-transport regulation. Inhibiting the enzymatic action of carbonic anhydrase, DIAMOX blocks renal reabsorption of bicarbonate, sodium and water and reroutes them into excretory channels.

In most simple edema, one DIAMOX daily produces ample diuresis . . . safely—nontoxic and nonirritating to renal or gastric areas; no notable changes in blood pressure or electrolyte balance. Because DIAMOX is rapidly excreted, dosage is easily adjusted and does not interfere with sleep.

cardiac edema • premenstrual tension • edema of pregnancy • obesity



DIURETIC REGIMENS

DIAMOX

the HCO_3^- regulating diuretic

2 DOUBLE DRUG CONTROL OF INTENSIVE DIURESIS

Alternating DIAMOX with chloride-transport regulating diuretics achieves more dynamic diuresis than with either alone. By counterbalancing the tendency of these agents to produce systemic alkalosis, DIAMOX helps potentiate the diuretic effect, lessen risk of acquired tolerance and prolong intensive diuresis.

advanced congestive heart failure • refractory toxemia of pregnancy

ALSO EXCEPTIONALLY VALUABLE IN GLAUCOMA AND EPILEPSY

Although mode of action has not been exactly defined in either instance, clinical experience has repeatedly proved DIAMOX a safe, efficient means of reducing intraocular pressure in glaucoma and as adjunctive therapy in controlling seizures of both young and adult epileptics.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



for your anxious patients

Compazine^{*}

offers four beneficial effects

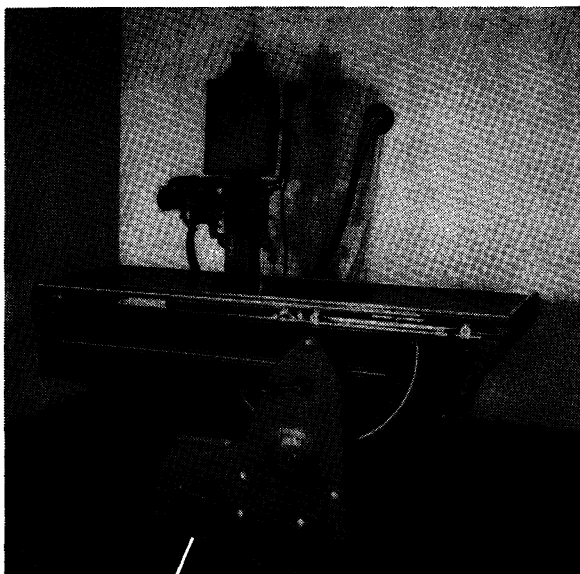
1. relieves anxiety, tension and related depression
2. exerts a unique alerting effect in many patients
3. dispels preoccupation with emotionally induced symptoms such as headache, g.i. disturbances and non-specific musculoskeletal pain
4. normalizes sleeping and eating habits

Available: Tablets, 5 mg., 10 mg. and 25 mg.; Spansule[®] *sustained release* capsules, 10 mg., 15 mg., 30 mg. and 75 mg.; Ampuls, 2 cc. (5 mg./cc.); Multiple dose vials, 10 cc. (5 mg./cc.); Syrup, 5 mg. per 5 cc. teaspoonful; Suppositories, 5 mg. and 25 mg.

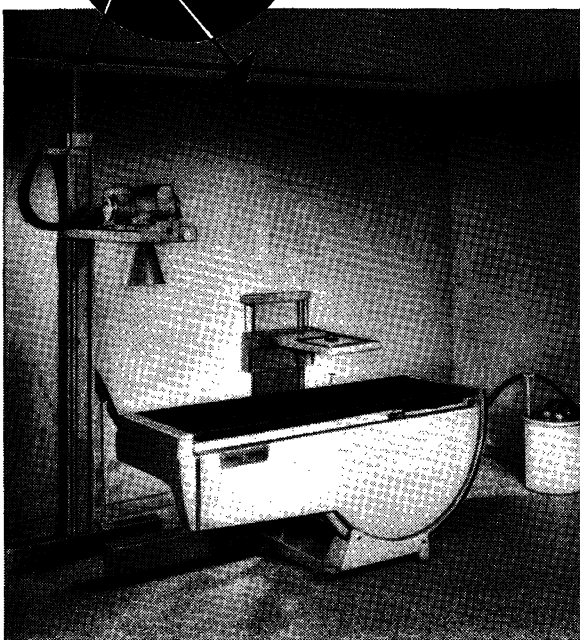
 SMITH KLINE & FRENCH LABORATORIES

^{*}T.M. Reg. U.S. Pat. Off. for prochlorperazine, S.K.F.

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This
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All this for one monthly fee

- ✓ Enjoy the most modern x-ray facilities . . . avoid obsolescence losses
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- ✓ Freedom to add or replace equipment as improvements appear
- ✓ G.E. pays for insurance . . . assumes problem of collecting for equipment damage
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without capital outlay

the difference is **Maxiservice[®]** rental

Here's the perfect answer for a cost-saving x-ray installation, easy to keep abreast of important new developments. G-E Maxiservice ties up *none* of your capital . . . eliminates trade-in losses — progress determines your time for exchange, not finances. In effect, you contract for *utility, convenience, flexibility* and *service*, not for just equipment.

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ANNOUNCING

anti-hypertensive

E

DIUPRES*

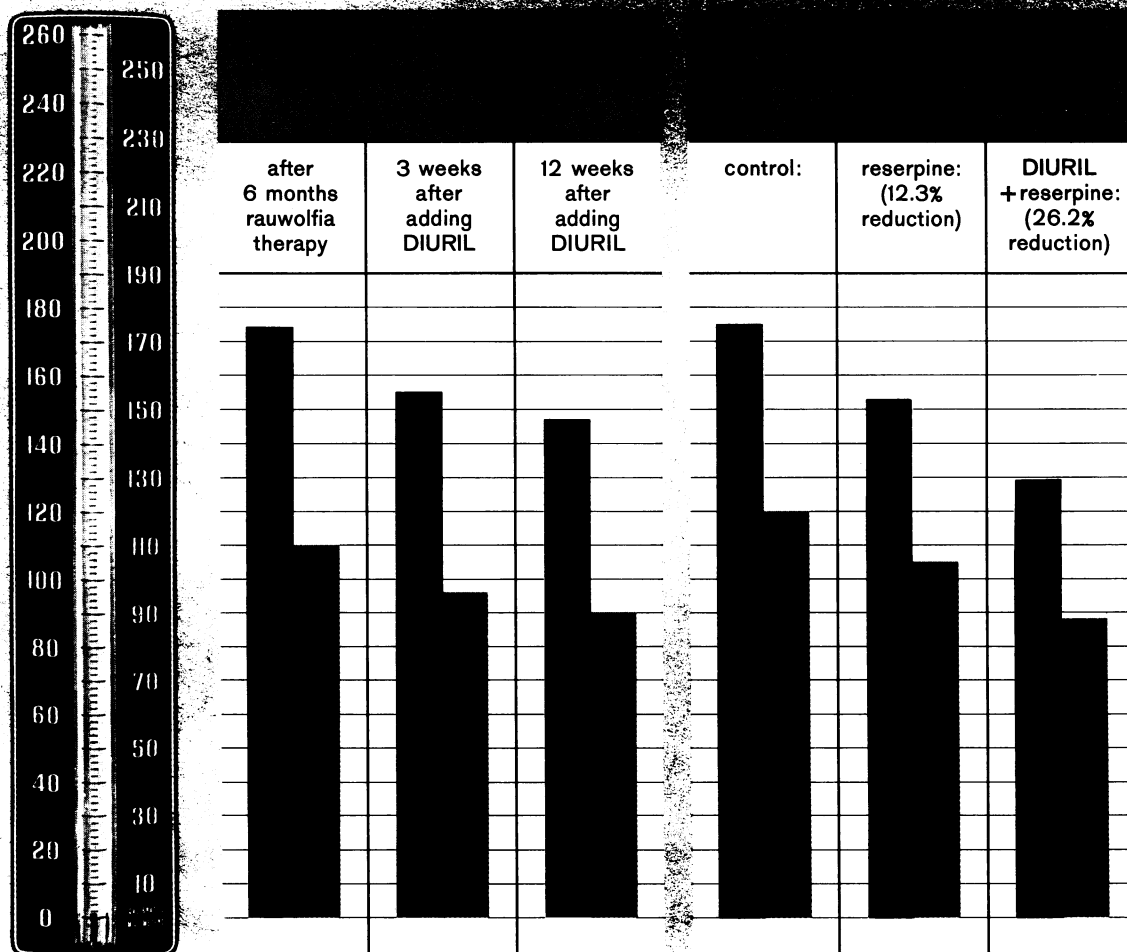
DIURIL® WITH RESERPINE

more hypertensives can be better controlled
with DIUPRES than with any other agent
... with greater simplicity and convenience

a logical alliance of two antihypertensives
you know and trust provides
increased effectiveness, decreased side effects

potentiated effect

DIURIL produces an effect greater than either of its components in many patients who respond inadequately to either alone.



DIUPRES

DIURIL[®] WITH RESERPINE

effective therapy for most patients

DIUPRES by itself usually provides effective therapy for a majority of patients with mild or moderate hypertension, and even for many patients with severe hypertension. Many patients now treated with other agents which frequently cause distressing side effects can be adequately managed with well tolerated DIUPRES.

provides basic therapy

Should other drugs need to be added to DIUPRES, they can be given in much lower than usual dosage so that their side effects are often strikingly reduced.

rapid onset of effect

The antihypertensive action of DIUPRES is rapidly evident. (Considerable time may elapse before the antihypertensive effect of reserpine alone is observed.)

fewer and less severe side effects

DIUPRES may be expected to cause fewer and less severe side effects than are encountered with other antihypertensive therapy. (Since DIURIL and reserpine potentiate each other, the required dosage of each is usually less when given together as DIUPRES than when given alone. Such reduction in dosage makes side effects less likely to occur.)

often obviates weight gain

DIUPRES minimizes the problem of weight gain seen with reserpine (reserpine alone has been reported to produce weight gain in 50 per cent of patients).^{1,4}

virtually eliminates fluid retention

DIUPRES is not likely to cause either clinical or subclinical retention of sodium and water. (Hypotensive drugs, par-

ticularly rauwolfia⁵ and hydralazine,⁶ may cause fluid retention. Even when such retention is subclinical, their antihypertensive effectiveness is diminished.⁶)

diet more palatable

With DIUPRES, there is less need for rigid restriction of dietary salt, which patients find so burdensome.

"It may well be that the drug [DIURIL] produces the benefits of a markedly restricted low sodium diet but without its hardships."³

subjective and objective improvement

DIUPRES allays anxiety and tension, thus reducing the emotional component of hypertension. Organic changes of hypertension may be arrested and reversed. Headache, dizziness, palpitations and tachycardia are usually promptly relieved by DIUPRES. When the *anginal syndrome* accompanies hypertension, the administration of DIUPRES may also cause diminution or even disappearance of this syndrome concurrent with control of the hypertension.

convenient, controlled dosage

Instead of two separate prescriptions, you write one prescription . . . the patient takes one tablet, rather than two different tablets . . . and the dosage schedule is easier for the patient to remember and follow.

"patients have fewer lapses and make fewer mistakes in dosage, the simpler the regimen can be made. Therefore I do not hesitate to use more than one medicament combined in one tablet, provided this gives approximately the correct dosage of each."⁶

economical

DIUPRES will cost the patient less than if he were given two separate prescriptions for its components.

Indications:

DIUPRES is indicated in hypertension of all degrees of severity. It can be used in the following ways:

- as total therapy
- as primary therapy, adding other drugs if necessary
- as replacement or adjunctive therapy in patients now treated with other agents

Precautions:

The precautions normally observed with DIURIL or reserpine apply to DIUPRES. Additional information on DIUPRES is available to physicians on request.

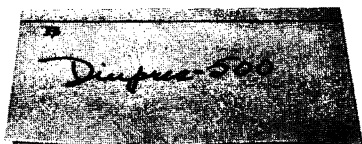
Recommended dosage range:

DIUPRES-500—one tablet one to three times a day.

DIUPRES-250—one tablet one to four times a day.

If necessary, other agents may be added.

If the patient is receiving ganglion blocking agents or hydralazine, their dosage should be cut by 50 per cent when DIUPRES is added.



DIUPRES-500

500 mg. DIURIL (chlorothiazide), 0.125 mg. reserpine.
Bottles of 100, 1000.



DIUPRES-250

250 mg. DIURIL (chlorothiazide), 0.125 mg. reserpine.
Bottles of 100, 1000.

the first "wide range" antihypertensive

DIUPRES

DIURIL[®] WITH RESERPINE

1. Rochelle, J. B., III, Bullock, A. C., and Ford, R. V.: Potentiation of antihypertensive therapy by use of chlorothiazide, *J.A.M.A.* 168:410, Sept. 27, 1958. 2. Freis, E. D., Wanko, A., Wilson, I. M., and Parrish, A. E.: Treatment of essential hypertension with chlorothiazide (Diuril), *J.A.M.A.* 166:137, Jan. 11, 1958. 3. Freis, E. D.: Treatment of hypertension. (Presented at the Annual Meeting of Southern Medical Association, Nov. 13, 1957.) 4. Moyer, J. H., Dennis, E., and Ford, R.: Drug therapy (Rauwolfia) of hypertension, *A.M.A. Arch. Int. Med.* 96:530, Oct. 1955. 5. Perera, G. A.: Edema and congestive failure related to administration of rauwolfia serpentina, *J.A.M.A.* 159:439, Oct. 1, 1955. 6. Wilkins, R. W.: Precautions in use of antihypertensive drugs, including chlorothiazide, *J.A.M.A.* 167:801, June 14, 1958.



MERCK SHARP & DOHME, DIVISION OF MERCK & CO., Inc., PHILADELPHIA 1, PA.

*DIUPRES and DIURIL (chlorothiazide) are trademarks of Merck & Co., Inc.

QUICKLY

Relieve the Dry Hacking Cough with **NUMOTIZINE COUGH SYRUP** *Mucolytic Expectorant*

In "Throat Cough"—the use of the "dispersing factor" facilitates spreading of the medication over the throat while swallowing, thereby relieving cough originating in the throat region.

In Bronchial Coughs—With its mucolytic action, Numotizine Cough Syrup is particularly effective in cases where thick, viscid bronchial secretions are present.

In Children's Coughs—Numotizine Cough Syrup has a pleasant aromatic base which is unusually well accepted by even small children. It contains no alcohol, narcotic or sedative.

NUMOTIZINE COUGH SYRUP

Each fluidounce contains:

Glyceryl Guaiacolate...	5 gr. (0.324 Gm.)
Ammonium Chloride...	5 gr. (0.324 Gm.)
Sodium Citrate.....	20 gr. (1.296 Gm.)
Menthol04 gr. (2.6 mg.)

—in a palatable aromatic syrup containing the dispersing agent, Dioctyl Sodium Sulfosuccinate 1:20,000.

Supplied in 3 oz. bottles.

HOBART LABORATORIES, Inc.
Chicago 10, Illinois



HE NEEDN'T BE HIGH-STRUNG

WEIGHT REDUCTION: Obese patients may resist dieting because they fear losing the emotional security often involved in overeating. AMBAR helps them hold the diet line by giving them a more alert, brighter outlook. **WITHOUT JITTERS:** Methamphetamine, a potent CNS augmenter, produces less cardiovascular effect than amphetamine. In AMBAR it is combined with just enough phenobarbital to prevent overstimulation. AMBAR

EXTENTABS provide 10-12 hours of appetite suppression in one controlled-release, extended-action tablet: methamphetamine hydrochloride, 10.0 mg.; phenobarbital (1 gr.) 64.8 mg. AMBAR TABLETS for conventional dosage or intermittent therapy contain methamphetamine hydrochloride, 3.33 mg.; phenobarbital ($\frac{1}{2}$ gr.) 21.6 mg. A. H. ROBINS COMPANY, INC., Richmond, Virginia, Ethical Pharmaceuticals of Merit Since 1878

WEIGHT REDUCTION WITHOUT JITTERS AMBAR™



methamphetamine and phenobarbital
TABLETS AND EXTENTABS®

Now available
**NEW AMBAR#2
EXTENTABS**
(METHAMPHETAMINE 15 mg., PHENOBARBITAL 1 gr.)
for patients who
require higher
methamphetamine
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VARIDASE* BUCCAL TABLETS

Streptokinase-Streptodornase Lederle


Controls Inflammation and Swelling...Relieves Pain...
Promotes Healing Through Enhancement of
Fibrinolysis at the Site of Trauma or Infection.

When using Varidase, the physician should be familiar with the recent medical literature, and with our package circular.


References: 1. Innerfield, I.; Shub, H., and Boyd, L. J.: New England J. Med. 258: 1069 (May 24) 1958. 2. Miller, J. M.; Godfrey, G. C.; Ginsberg, M. J., and Papastrat, C. J.: J. A. M. A. 166:478 (Feb. 1) 1958. 3. Davidson, E; Prigot, A., and Maynard, A. de L.: Harlem Hosp. Bull. 11: 1 (June) 1958 *Reg. U. S. Pat. Off.



Helps promote drainage...
hastens patient's relief...
reduces mucosal swelling.¹



Contusions,
and abrasions...
reduces discomfort
and improves
cosmetic result.¹⁻³



Helps reduce swelling
and pain...speeds
ambulation.¹⁻³

TO ACCELERATE THE RECOVERY PROCESS

Established Efficacy and Safety: For five years VARIDASE, in parenteral form, has been used with success in many thousands of cases. Its ability to control inflammation, swelling and associated pain, aid penetration of antibiotics, and hasten healing has been demonstrated in such conditions as severe trauma, infected ulcerations, and following extensive surgery.

Now, Parenteral Effectiveness . . . Simple Buccal Route: New VARIDASE Buccal Tablets give your patients the benefits of systemic VARIDASE therapy without the inconvenience of repeated injections. Absorbed through the buccal mucosa in fully effective amounts, VARIDASE Buccal Tablets may be used as practical adjunctive therapy in your practice within these broad classifications:

Inflammation and edema associated with: trauma and infection • cellulitis • abscess • hematoma • thrombophlebitis • sinusitis • uveitis • chronic bronchitis • leg ulcer • chronic bronchiectasis.

Each VARIDASE Buccal Tablet contains 10,000 Units Streptokinase and 2,500 Units Streptodornase.

Administration: VARIDASE Buccal Tablets should be retained in the buccal pouch until dissolved. For maximum absorption patient should delay swallowing saliva.

Dosage: One tablet four times daily for a minimum of three days. When infection is present, VARIDASE Buccal Tablets should be given in conjunction with an antibiotic such as ACHROMYCIN* V Tetracycline and Citric Acid.

Available in bottles of 24.

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LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



Loosens cough...resolves inflammation... increases antibiotic penetration.¹

Relieves thrombotic process, controls swelling...gives dramatic relief of pain.^{1, 2}

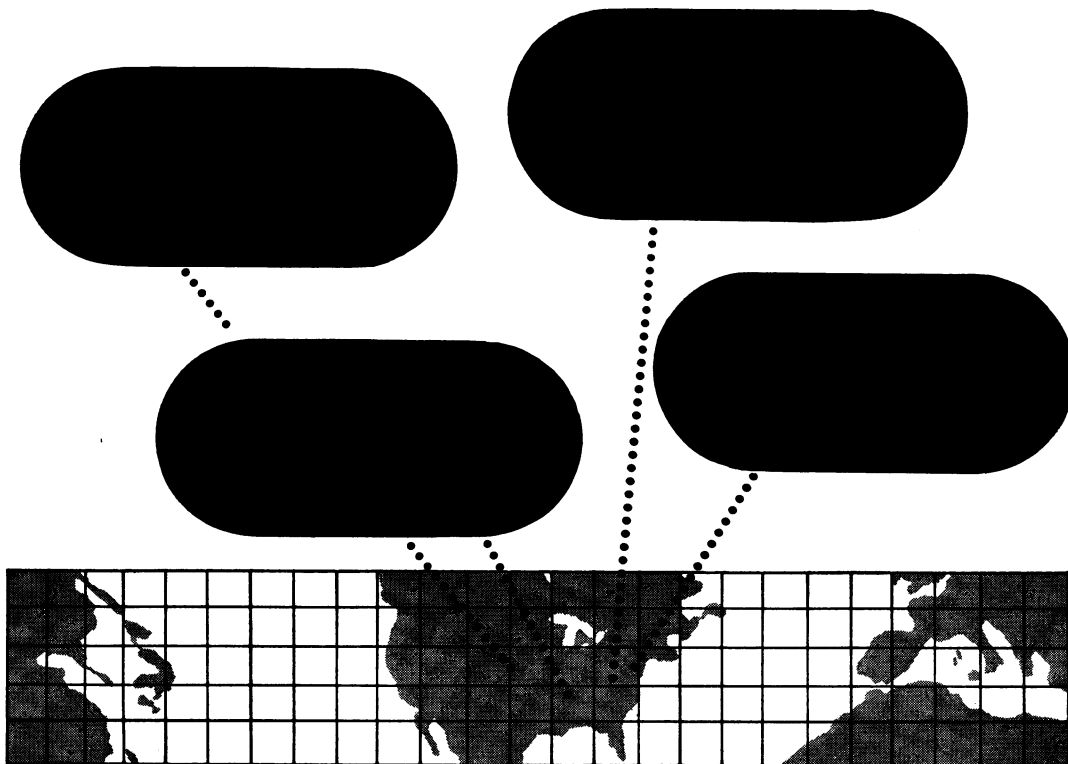
Furuncles, carbuncles, abscesses...checks swelling and pain...hastens healing.^{1, 2}

Which will work in your practice!

re-evaluating tranquilizers?

READ WHAT CLINICIANS ARE NOW SAYING ABOUT ATARAX®

(brand of hydroxyzine)



INVESTIGATORS AGREE ON OPTIMAL ATARAX DOSAGES

For childhood behavior disorders	10 mg. tablets Syrup	3-6 years, one tablet t.i.d. over 6 years, two tablets t.i.d. 3-6 years, one tsp. t.i.d. over 6 years, two tsp. t.i.d.
For adult tension and anxiety	25 mg. tablets Syrup	one tablet q.i.d. one tbsp. q.i.d.
For severe emotional disturbances	100 mg. tablets	one tablet t.i.d.
For adult psychiatric and emotional emergencies	Parenteral Solution	25-50 mg. (1-2 cc.) intramuscularly, 3-4 times daily, at 4-hour intervals. Dosage for children under 12 not established.

SYRUP 10 mg. per 5 cc.

• **Supplied:** Tablets, bottles of 100. Syrup, pint bottles. Parenteral Solution, 10 cc. multiple-dose vials.

• **References:** 1. Smigel, J. O., et al.: J. Am. Ger. Soc., in press. 2. Freedman, A. M.: Pediat. Clin. North America 5:573 (Aug.) 1958. 3. Ayd, F. J., Jr.: New York J. Med. 57:1742 (May 15) 1957. 4. Menger, H. C.: New York J. Med. 58:1684 (May 15) 1958. 5. Coirault, M., et al.: Presse méd. 64:2239 (Dec. 26) 1956. 6. Bayart, J.: Presented at the International Congress of Pediatrics, Copenhagen, Denmark, July 22-27, 1956.

ATARAX®

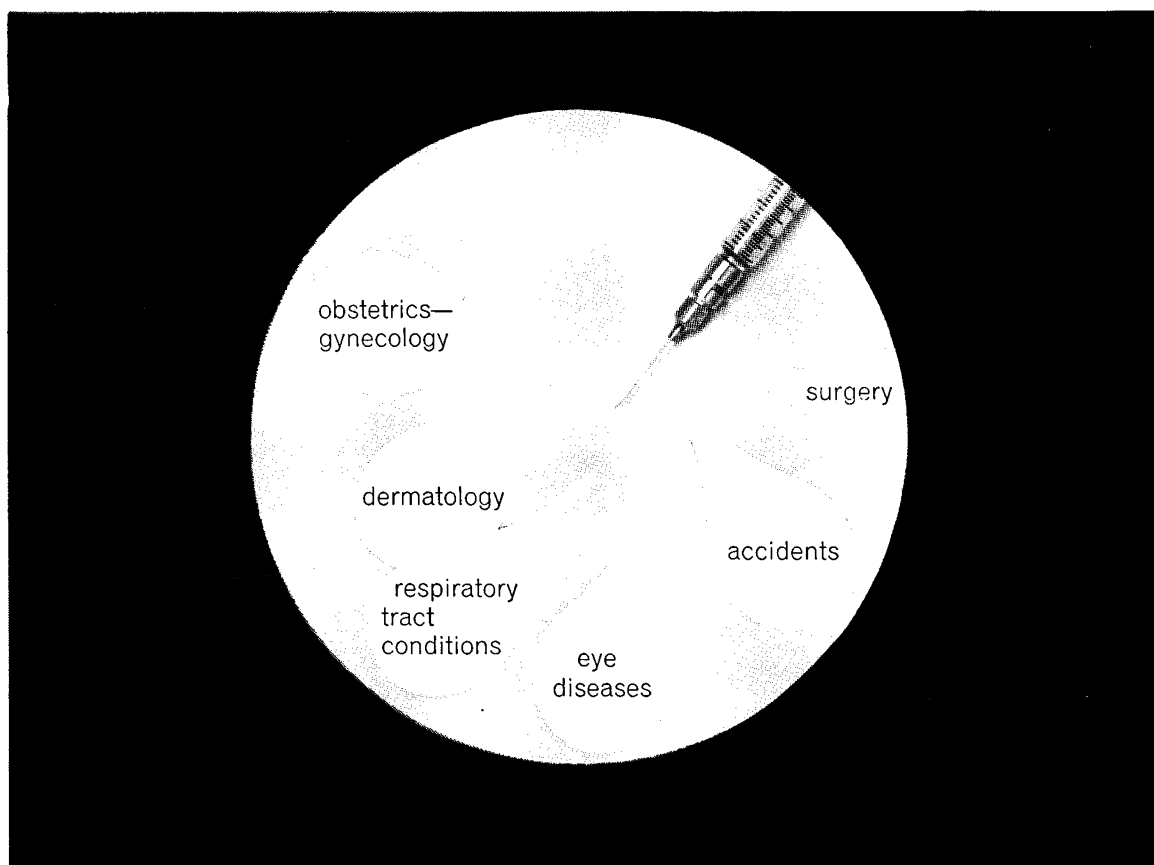


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CHYMAR® **AQUEOUS** is indicated as: # a therapeutic agent—Chymar abolishes inflammation, hastens absorption of edema and blood extravasates, relieves pain, restores impaired local blood and lymph circulation. # a prophylactic agent—Chymar, when given early, suppresses the development of the inflammatory tissue reaction and edema. # an adjunctive agent—Chymar supplements antibiotics in local infections and is useful in inflammatory dermatoses. # Supplied: 5 cc. multiple dose vials. Each ml. contains 5,000 Armour Units of chymotrypsin. Also available—Chymar in Oil.



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Allergy-free...all day... with this much medication



Typically, the allergic patient can enjoy a whole day's freedom from symptoms with just one Pyribenzamine Lontab in the morning—a whole night of restful sleep with just one Lontab in the evening.

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For patients who need only periodic medication, regular Pyribenzamine tablets provide fast, dependable action, with a minimum of undesirable side effects.

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Pyribenzamine® hydrochloride (*tripelennamine hydrochloride* CIBA) Lontabs® (*long-acting tablets* CIBA)

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JUST ONE KEEPS YOUR ALLERGIC PATIENT ON A 12-HOUR THERAPEUTIC PLATEAU

Digestive *Dys*function?

*For comforting,
safe relief
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IMPAIRED DIGESTION

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Composition: In sugar-coated outer layer
homatropine methylbromide 2.5 mg., betaine
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In enteric coated core, pancreatin equiv. U.S.P.
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anticoagulant effect
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Relief of general
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Sig: U.R.I. caps x 9 —
1 cap a.c. morning and noon.
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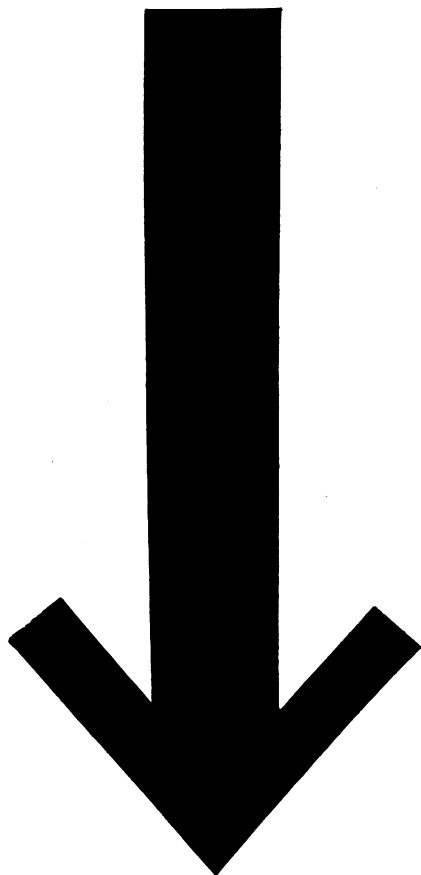
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*Unique encapsulation of millions of minute oil globules by Irish moss assures complete penetrant diffusion in stools.

IN CONSTIPATION

TO SOFTEN STOOLS WITHOUT TISSUE DEHYDRATION
AND MAKE THEM MOVE WITHOUT STRAINING

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COLLOIDAL EMULSION OF MINERAL OIL AND IRISH MOSS **patch**

PROVEN SAFE...EFFECTIVE • IN PREGNANCY • IN
CHILDHOOD • IN MIDDLE-AGED PATIENTS • IN ELDERLY
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AVAILABLE in three pleasant-tasting formulas:

for the average patient

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containing 55% mineral oil. Bottles of 1 pint.

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0.66 Gm. non-bitter Ext. Cascara per tablespoonful.

Bottles of 14 fl.oz.

for more resistant constipation

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0.13 Gm. (2.2 gr.) phenolphthalein per tablespoonful.

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“Much better—thank you, doctor”

Proven in research

1. Highest tetracycline serum levels
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GLUCOSAMINE-POTENTIATED TETRACYCLINE

CAPSULES

ORAL SUSPENSION

PEDIATRIC DROPS



THE COSASAUR, emblem of the COSA antibiotics, symbolizes the natural origin of glucosamine—a substance widely distributed throughout the plant and animal world. Today, as in the dinosaur era, “Cosa” is basic to life.

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CAPSULES—(black and white)—250 mg., 125 mg. (for pediatric or long-term therapy)

ORAL SUSPENSION—(orange-flavored) 125 mg. per tsp. (5 cc.), 2 oz. bottle

PEDIATRIC DROPS—(orange-flavored) 5 mg. per drop, calibrated dropper, 10 cc. bottle



now in... **thrombophlebitis**

“early and marked regression”¹

in acute superficial thrombophlebitis

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(phenylbutazone GEIGY)

nonhormonal anti-inflammatory agent

Relieves Pain Rapidly—BUTAZOLIDIN usually produces complete relief of pain within 24 hours or less.^{1,2}

Resolves Inflammation—Fever subsides and local heat, tenderness and swelling regress quickly.^{1,3,4} “In the majority of cases there was complete resolution by the fourth day.”⁵

Permits Early Ambulation—“As a rule within 24 hours, most patients were able to get up and walk about....”¹ This rapid response to BUTAZOLIDIN greatly reduces disability and economic loss for patients.

Short Course of Treatment—Most patients require only from 2 to 7 days’ therapy.^{1,5}

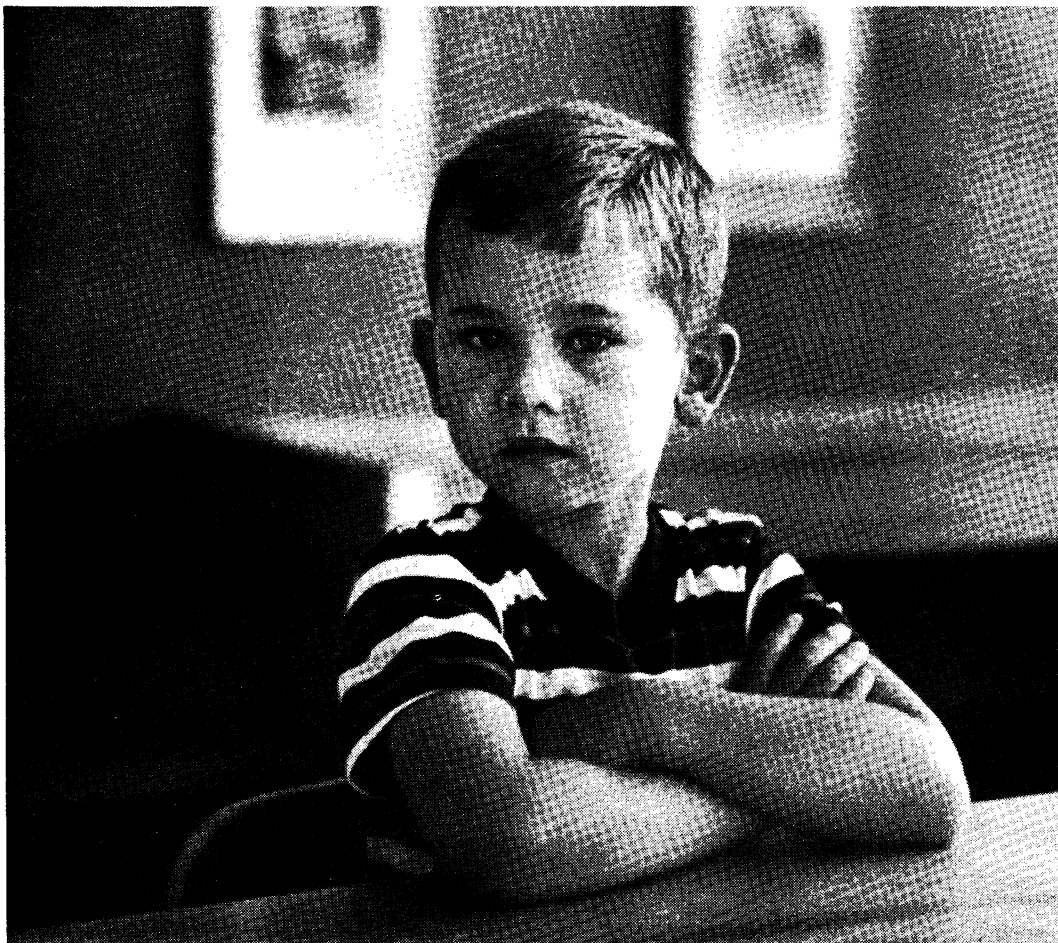
BUTAZOLIDIN[®] (phenylbutazone GEIGY). Red coated tablets of 100 mg. BUTAZOLIDIN Alka Capsules, each containing BUTAZOLIDIN 100 mg.; aluminum hydroxide 100 mg.; magnesium trisilicate 150 mg.; homatropine methylbromide 1.25 mg.

BUTAZOLIDIN being a potent therapeutic agent, physicians unfamiliar with it are urged to send for literature before instituting therapy.

References: (1) Stein, I. D.: *Circulation* 12:833, 1955. (2) Potvin, L.: *Bull. Assoc. méd. lang. franç. Canada* 85:941, 1956. (3) Sigg, K.: *Angiology* 8:44, 1957. (4) Elder, H. H. A., and Armstrong, J. B.: *Practitioner* 178:479, 1957. (5) Braden, F. R.; Collins, C. G., and Sewell, J. W.: *J. Louisiana M. Soc.* 109:372, 1957.

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PATIENT EXPRESSES CONFIDENCE IN DOCTOR'S COUGH MEDICINE

AN EXPRESSION OF CONFIDENCE in your therapeutic ability may be expected when you prescribe Pyribenzamine Expectorant for cough in children. A combination of 3 active agents, Pyribenzamine Expectorant with Ephedrine relieves congestion, makes breathing easier, promotes productive expectoration. And the cherry flavor is usually quite acceptable to pediatric tastes.

DOSAGE: $\frac{1}{2}$ to 1 teaspoon every 3 or 4 hours.

SUPPLIED: Expectorant with Ephedrine, containing 30 mg. Pyribenzamine citrate 10 mg. ephedrine sulfate and 80 mg. ammonium chloride per 4-ml. teaspoon.

ALSO AVAILABLE: Pyribenzamine Expectorant with Codeine and Ephedrine, same formula plus 8 mg. codeine phosphate (exempt narcotic).

PYRIBENZAMINE[®] citrate (tripelennamine citrate CIBA)

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Pyribenzamine[®] **Expectorant** with EPHEDRINE

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**'EMPIRIN'
COMPOUND[®]
CODEINE
PHOSPHATE^{*}**

**Symbols
OF
PROVEN
PAIN
RELIEF**



gr. 1



gr. ½



gr. ¼



gr. ⅛

Formulas for dependable relief...

'CODEMPIRAL' NO. 3*



'CODEMPIRAL' NO. 2*



*...from pain of muscle and joint origin, simple headache, neuralgia,
and the symptoms of the common cold.*

'TABLOID'

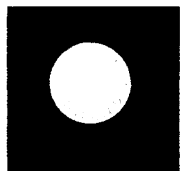
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Acetophenetidin gr. 2½
Aspirin (Acetylsalicylic Acid) gr. 3½
Caffeine gr. ½

...from mild pain complicated by tension and restlessness.

'EMPIRAL'®



Phenobarbital gr. ¼
Acetophenetidin gr. 2½
Aspirin (Acetylsalicylic Acid) gr. 3½

**Subject to Federal Narcotic Regulations*



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SUMMARY OF REPORTS

No. of Patients	Results	Percent
6,553	Excellent	31.0%
10,843	Good	51.3%
2,703	Fair	12.8%
1,033	Unsatisfactory	4.9%

(Total Number of Side Effects: 638 [3.0%])

UNITENSIN-R
 Each Unitensin-R tablet contains:
 Cryptenamine (tablets) 1.0 mg.; Reserpine, 0.1 mg.

Clinical supplies available on request.
 For prescription economy, prescribe in 50's.

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This data deals with the results obtained by 1,988 physicians, treating 21,128 hypertensive patients with Unitensin. The "Proof In Practice" study validates, *in day-to-day private practice*, the findings of clinical trials conducted in hospitals and institutions. It proves that Unitensin affords safe, dependable office management for the majority of hypertensive patients. Unitensin lowers blood pressure . . . improves cerebral and renal blood flow... exerts no adverse effects on circulation . . . and, is virtually free of side effects.

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running noses and open stuffed noses orally

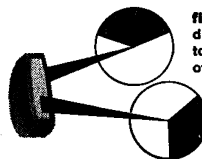
with TRIAMINIC, the oral nasal decongestant

- in nasal and paranasal congestion
- in sinusitis
- in postnasal drip
- in allergic reactions of the upper respiratory tract

safer and more effective than topical medication

- reaches *all* respiratory membranes systemically
- avoids “nose drop addiction”
- presents no problem of rebound congestion
- provides longer-lasting relief

Relief with Triaminic is prompt and prolonged because of this special timed-release action . . . beneficial effect starts in minutes, lasts for hours.



first—the outer layer dissolves within minutes to produce 3 to 4 hours of relief

then—the inner core disintegrates to give 3 to 4 more hours of relief

Each TRIAMINIC Tablet provides:

Phenylpropanolamine HCl . . . 50 mg.
Pheniramine maleate 25 mg.
Pyrilamine maleate 25 mg.

One-half of this formula is in the outer layer, the other half is in the core.

Dosage: One tablet in the morning, mid-afternoon and in the evening, if needed.

Triaminic[®]

Also available: For the occasional patient who requires only half dosage: timed-release TRIAMINIC JUVELETS. Each Juvelet is equivalent to $\frac{1}{2}$ of a Triaminic Tablet.

For those patients who prefer liquid medication: TRIAMINIC SYRUP. Each 5 ml. tsp. of this palatable syrup is equivalent to $\frac{1}{4}$ of a Triaminic Tablet.

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For Emotionally Disturbed Children

- whose intelligence is masked
by behavior problems...
- who are unable to concentrate...
- whose attention span is too short...

"Children came to act in more socially accepted patterns...learning in school improved...within a single grading period (usually 6 weeks)...in many the ease and speed of reading was greatly increased. The ability to do arithmetic improved remarkably in some of the children."

Oettinger, L., Jr.: The Use of Deanol (Deaner) in the Treatment of Disorders of Behavior in Children, *J. Pediat.* 53:671 (Dec.) 1958.

"Effective in increasing alertness, awareness, spontaneity, energy, and ability to concentrate."

Toll, N.: Deaner: An Adjunct for Treatment of Schizoid and Schizophrenic Patients, *Am. J. Psychiat.* 115:336 (Oct.) 1958.

Effects of Deaner, after coming on gradually, are prolonged...virtually no side effects.



Dosage for children: 10 mg. to 15 mg. 4 times a day. The usual adult dose is 10 mg. 4 times a day. The usual adult dose is 10 mg. 4 times a day. The usual adult dose is 10 mg. 4 times a day.

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EFFECTIVE AGAINST MOST STRAINS OF STAPHYLOCOCCUS **CHLOROMYCETIN** COMBATS MOST CLINICALLY IMPORTANT PATHOGENS

Surveys of *in vitro* performance of various antibiotics over the past several years indicate a definite decrease in activity against the staphylococcus.^{1,2} CHLOROMYCETIN, however, continues to demonstrate a high degree of potency against this stubborn pathogen.¹⁻⁴ Even the strains responsible for hospital-acquired staphylococcal infections, which are resistant to most other antibiotics, may be sensitive to CHLOROMYCETIN.⁵⁻⁹ For this reason, it has been recommended for immediate use in suspected staphylococcal infections in infants, their mothers, and in surgical patients.¹⁰

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in a variety of forms, including Kapeals® of 250 mg., in bottles of 16 and 100.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

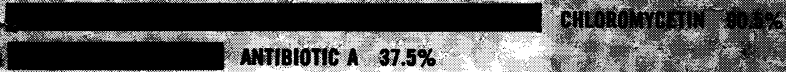
REFERENCES: (1) Holloway, W. J., & Scott, E. G.: *Delaware M. J.* 30:175, 1958. (2) Roy, T. E., et al.: *Canad. M. A. J.* 77:941, 1957. (3) Markham, N. P., & Shott, H. C. W.: *New Zealand M. J.* 57:55, 1958. (4) Royer, A., in Welch, H., & Martindale, R.: *Antibiotics Annual 1957-1958*, New York, Medical Encyclopedia, Inc., 1958, p. 783. (5) Blair, J. E., & Caswell, H. T.: *J. A. M. A.* 166:1192, 1958. (6) Caswell, H. T., et al.: *Surg., Gynec. & Obst.* 106:1, 1958. (7) Fekety, F. R., et al.: *Am. J. Med.* 48:298, 1958. (8) Godfrey, M. E., & Smith, I. M.: *J. A. M. A.* 166:1197, 1958. (9) Kessler, A. D., et al.: *Am. J. Med.* 36:294, 1958. (10) Shaffer, T. E.: *J. Michigan M. Soc.* 57:831, 1958.

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**IN VITRO SENSITIVITY OF PATHOGENIC STAPHYLOCOCCI TO CHLOROMYCETIN AND
TO ANOTHER WIDELY USED BROAD-SPECTRUM ANTIBIOTIC FOR 1956, 1957, and 1958***

1958 (200 STRAINS)



1957 (200 STRAINS)



1955 (42 TO 103 STRAINS)



0 20 40 60 80 100

*Adapted from Holloway and Scott.¹ In this study CHLOROMYCETIN and Antibiotic A were used in identical strengths and were



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...teething."*

NOW all the comfort a mother can give
to tots with teething discomfort,
colds, postinoculation reactions,
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dropper-administered
Corilin*
INFANT LIQUID



takes the fuss out of a fussy situation

Antihistaminic-analgesic-antipyretic preparation, with pleasing
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CHLOR-TRIMETON® Maleate (chlorprophenpyridamine maleate),
80 mg. sodium salicylate and 25 mg. glycine.
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*"...and
with these CITRA capsules,
we'll have that cold
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CITRA FORTÉ (SYRUP)

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Promoted exclusively to
the physician . . . Avail-
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Patients suffering from the common cold will soon be filling your reception room. Take the burden off your memory by using *just two* "cough and cold" products . . . both are easy-to-prescribe, medically accepted for their effectiveness.

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- DIHYDROCODEINONE GIVES IMMEDIATE COUGH CONTROL

Patients feel better in minutes, citrus flavor appeals to all ages. Increases expectoration . . . and antihistaminic action combats allergic side effects.

- 1 or 2 teaspoonfuls every 3 or 4 hrs.; children 6-12 yrs. — ½ adult dosage.

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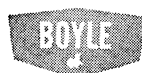
- FIGHTS SPREAD OF COLD AT ANY STAGE

Acts 5 ways as: decongestant, restores and preserves capillary integrity, antihistaminic, analgesic, and antipyretic.

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Each teaspoonful (5 cc) of CITRA FORTÉ SYRUP contains:
Dihydrocodeinone Bitartrate
(*may be habit forming)..... 5.0 mg.
Vitamin C (Ascorbic Acid)..... 30.0 mg.
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Each CITRA CAPSULE provides:
Phenylephrine Hydrochloride 10.0 mg.
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Acetophenetidin 120.0 mg.
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before the
"morning spin"
sets in

BONAMINE

brand of meclizine hydrochloride

to prevent vertigo, nausea, vomiting
as in pregnancy



BONAMINE gives more complete and longer-acting protection—often for 24 hours, with a rare incidence of untoward effects.² In contrast to other agents, "percentage of patients obtaining an excellent response...is greater... Also, there are fewer therapeutic failures"—"at least 90 per cent of the patients improve under this medication"²

Also indicated for vertigo, nausea, vomiting in: cerebral arteriosclerosis • other geriatric conditions • pediatric infections • postoperative patients • opiate or other drug therapy • radiation therapy, Menière's syndrome, fenestration procedures, labyrinthitis • motion sickness.

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BONAMINE Chewing Tablets, pleasantly mint flavored, 25 mg. Packages of 8.

1. McKenna, C. J.: Am. Pract. & Digest Treat. 6:417, 1955. 2. Moyer, J. H.: M. Clin, North America, March, 1957, p. 405.

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NEW

FULL RELIEF

OF PAIN-

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DEMEROL[®] COMPOUND

(NORPERIDINE HYDROCHLORIDE)

**AND FOR RELIEF OF MODERATE
TO SEVERE VISCERAL, NEURAL
AND SOMATIC PAIN**

DEMEROL[®] APAP

DOSAGE: Adult dose is 1 to 2 tablets orally, repeated if necessary every 3 or 4 hours.

Tablets containing Demerol hydrochloride 50 mg., acetyl-p-aminophenol 300 mg., bottles of 100.

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FOR PATIENTS DESERVING MORE THAN ROUTINE ATTENTION

Triple action of Demerol,[®]
APAP and dihydrocodeinone for:



*more than routine
antitussive action*

Cough suppressant action of dihydrocodeinone — at least six times as potent as codeine but essentially non-constipating — enhanced by the broncho-spasmolytic effects of Demerol.



*more than
routine analgesia*

Addition of Demerol to APAP and dihydrocodeinone provides more complete relief of mild to moderate pain. The mild sedation without respiratory depression is widely beneficial.



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antipyresis*

APAP—Active metabolite of phenacetin—produces more rapid and prolonged fever reduction than aspirin or APC without gastric irritation or hematologic changes.

AVAILABILITY: stratified green, white and pink tablets containing Demerol hydrochloride 25.0 mg., dihydrocodeinone bitartrate 5.0 mg., acetyl-p-aminophenol 150 mg., bottles of 100.

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fast

welcome relief of spasm and pain is continuously reported in functional G-I disorders, such as irritable, spastic colon syndrome; peptic ulcer; biliary dyskinesia; pylorospasm; and infant colic.

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relief can be expected... even in patients where other antispasmodics have failed.¹⁻⁴

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dual antispasmodic action is specific to the G-I tract. Spasm pain is relieved by direct relaxation of the smooth muscle and postganglionic parasympathetic nerve blockage.

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even in the presence of glaucoma¹... BENTYL does not increase intraocular tension, produce blurred vision, dry mouth or urinary retention.

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2. Hock, C. W.: *J.M.A., Ga.* 43:124, 1951. 3. Derome, L.: *Canad. M.A.J.* 69:532, 1953.
4. Cholst, M., Goodstein, S., Berens, C., and Cinotti, A.: *J.A.M.A.* 166:1276, 1958.



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degreases the skin helps remove blackheads dries and peels the skin

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Fostex provides essential actions necessary in treating acne. It washes off excess oil. It unblocks pores by penetrating and softening blackheads. It dries and peels the skin, removing papule coverings, thus permitting drainage of sebaceous glands.

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• Buffalo 13, New York

DORIDEN: MORE SUITABLE FOR MORE PATIENTS FOR MORE SATISFYING SLEEP



Doriden offers sound, restful sleep for patients who are sensitive to barbiturates, elderly patients, patients with low vital capacity and poor respiratory reserve and those who are unable to use barbiturates because of hepatic or renal disease. Onset of sleep with Doriden is smooth and gradual, usually with no preliminary excitation. Doriden acts within 30 minutes, and sleep lasts for 4 to 8 hours. Except in rare cases, no "hang-over" or "fog," because Doriden is rapidly metabolized. Average dose for insomnia: 0.5 Gm. at bedtime. SUPPLIED: *Tablets*, 0.5 Gm., 0.25 Gm. and 0.125 Gm. For a complimentary supply of Doriden 0.5-Gm. tablets write Ciba, Millbrae, California. Physician's signature and registration number must appear on request.

DORIDEN[®]
(glutethimide CIBA)



2/2650 MK

**Established
Standard Therapy
in Hypertension***

Rauwiloid[®]
alseroxylon, 2 mg.

***Because**

Rauwiloid provides effective Rauwolfia action virtually free from side effects...the smooth therapeutic efficacy of Rauwiloid is associated with significantly less toxicity than reserpine...and with a lower incidence of depression. Tolerance does not develop.

Rauwiloid is initial therapy for every hypertensive patient. ...Dosage adjustment is never a problem...

Two tablets
at bedtime
After full effect
one tablet
suffices

When more potent drugs are needed, prescribe one of the *convenient single-tablet combinations*

Rauwiloid[®] + Veriloid[®]
alseroxylon 1 mg. and alkavervir 3 mg.

or

Rauwiloid[®] + Hexamethonium
alseroxylon 1 mg. and hexamethonium
chloride dihydrate 250 mg.

Many patients with severe hypertension can be maintained on Rauwiloid alone after desired blood pressure levels are reached with combination medication.

Northridge, California

Modify or Prevent Measles
reduce the hazard of complications



Polio IMMUNE GLOBULIN

Cutter gamma globulin (human)

MODIFIES—permits a mild attack followed by natural immunity

PREVENTS—confers passive immunity for about 3 to 4 weeks

CONCENTRATED—2 cc. is equivalent to 40 cc. normal immune serum derived from adult venous blood

Also recommended for prevention of infectious hepatitis, passive immunity against paralytic poliomyelitis, may be useful for passive immunity against maternal rubella, and as an adjunct to antibiotic therapy. May be beneficial for oral herpetiform lesions.*

Available in 2 cc. and 10 cc. vials

*Council on Drugs: J.A.M.A. 168:183 (Sept. 13) 1958.

Other fine Cutter Human Blood Fraction Products

Albumin (serum albumin), Hyparotin® (mumps immune globulin), Hypertussis® (antipertussis serum), Parenogen® (fibrinogen).



CUTTER LABORATORIES
Berkeley, California